

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5. Benefits****Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare****Professionals****Medical Supplies**

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

**Benefit Description****Medical Supplies**

- Medical foods and nutritional supplements when administered by catheter or nasogastric tubes

Note: See Section 10, *Definitions*, for more information about medical foods.

- Ostomy and catheter supplies
- Oxygen

Note: When billed by a skilled nursing facility, nursing home, or extended care facility, we pay benefits as shown here for oxygen, according to the contracting status of the facility.

- Blood and blood plasma, except when donated or replaced, and blood plasma expanders

Note: We cover medical supplies at Preferred benefit levels only when you use a Preferred medical supply provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred medical supply providers.

**Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

**Basic Option - You Pay**

Preferred: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

**Benefit Description**

*Not covered:*

- *Infant formulas used as a substitute for breastfeeding*
- *Diabetic supplies, except as described in Section 5(f), or 5(f)(a) if applicable, or when Medicare Part B is primary, or are enrolled in the FEP Medicare Prescription Drug Program*
- *Medical foods administered orally, except as described in Section 5(f), or 5(f)(a) if applicable*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*