

**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**

**Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy**

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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**

**Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy**

- Physical therapy, occupational therapy, and speech therapy
- Cognitive rehabilitation therapy

**Standard Option - You Pay**

Preferred primary care provider or other healthcare professional: \$30 copayment per visit (no deductible)

Preferred specialist: \$40 copayment per visit (no deductible)

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

Note: Benefits are limited to 75 visits per person, per calendar year for physical, occupational, or speech therapy, or a combination of all three.

Note: Visits that you pay for while meeting your calendar year deductible count toward the limit cited above.

**Basic Option - You Pay**

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$50 copayment per visit

Note: You pay 35% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care.

Note: Benefits are limited to 50 visits per person, per calendar year for physical, occupational, or speech therapy, or a combination of all three.

Participating/Non-participating: You pay all charges

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### **Benefit Description**

*Not covered:*

- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Maintenance or palliative rehabilitative therapy*
- *Exercise programs*
- *Equine therapy and hippotherapy (exercise on horseback)*
- *Massage therapy*

### **Standard Option - You Pay**

*All charges*

### **Basic Option - You Pay**

*All charges*