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**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
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**Benefit Description**

**Home Health Service (cont.)**

- *Services provided by a nurse, nursing assistant, health aide, or other similarly licensed or unlicensed person that are billed by a skilled nursing facility, extended care facility, or nursing home, except as described in Section 5(c) under Skilled Nursing Care.*
- *Private duty nursing*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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**Benefit Description**

**Manipulative Treatment**

Manipulative treatment performed by a professional provider, when the provider is practicing within the scope of their license, limited to:

- Osteopathic manipulative treatment to any body region
- Chiropractic spinal and/or extraspinal manipulative treatment

Note: Benefits for manipulative treatment are limited to the services and combined treatment visits stated here.

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

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

Preferred: \$30 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 for osteopathic and chiropractic manipulative treatment are limited to a combined total of 12 visits per person, per calendar year.

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

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

Preferred: \$35 copayment per visit

Note: Benefits for osteopathic and chiropractic manipulative treatment are limited to a combined total of 20 visits per person, per calendar year.

Participating/Non-participating: You pay all charges

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## **Benefit Description**

### **Alternative Treatments**

#### **Acupuncture**

Note: Acupuncture must be performed and billed by a healthcare provider who is licensed or certified to perform acupuncture by the state where the services are provided, and who is acting within the scope of that license or certification. See *Covered professional providers* in Section 3.

Note: When billed by a facility such as the outpatient department of a hospital, you are limited to the number of visits per calendar year listed on this page. See Section 5(c) for your cost-share.

Note: See Section 5(b) for our coverage of acupuncture when provided as anesthesia for covered surgery.

Note: See earlier in this section for our coverage of acupuncture when provided as anesthesia for covered maternity care.

### **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

Note: Benefits for acupuncture are limited to 24 visits per calendar year.

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: Benefits for acupuncture are limited to 12 visits per calendar year.

Note: You pay 30% of the Plan allowance for drugs and supplies.

Participating/Non-participating: You pay all charges

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*Alternative Treatments - continued on next page*

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