2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

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

Preventive Care, Adult
Benefits are provided for preventive care services for adults age 22 and over.

Covered services include:

- Counseling on prevention and reducing health risks
- Nutritional counseling
  Note: When nutritional counseling is via a telehealth provider, we provide benefits as shown here for Preferred providers. Refer to Section 5(h), *Wellness and Other Special Features*, for information on how to access a telehealth provider.
- Visits/exams for preventive care
  Note: See the definition of Preventive Care, Adult, in Section 10 for included health screening services.

Preventive care benefits for each of the services listed below are limited to one per calendar year.

- Administration and interpretation of a Health Risk Assessment (HRA) questionnaire (see *Definitions*.)
  Note: As a member of the Service Benefit Plan, you have access to the Blue Cross and Blue Shield HRA, called the “Blue Health Assessment” questionnaire. See Section 5(h) for complete information.
- Basic or comprehensive metabolic panel test
- CBC
- Colorectal cancer tests, including:
  - Colonoscopy, with or without biopsy (see Section 5(b) for our payment levels for diagnostic colonoscopies)
  - CT colonography

  - DNA analysis of stool samples
  - Double contrast barium enema
  - Fecal occult blood test
  - Sigmoidoscopy
- Fasting lipoprotein profile (total cholesterol, LDL, HDL, and/or triglycerides)
- General health panel
- Prostate cancer tests – prostate-specific antigen (PSA)
- Screening for chlamydial infection
- Screening for diabetes mellitus
- Screening for gonorrhea infection
- Screening for human immunodeficiency virus (HIV)
- Ultrasound for abdominal aortic aneurysm for adults, ages 65 to 75, limited to one screening per lifetime
- Urinalysis

The following preventive services are covered at the time intervals recommended at each of the links below. Please also visit us at www.fepblue.org and type in preventive care for additional information about your preventive coverage.

- Routine use of adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and adopted by the Centers for Disease Control and Prevention (CDC) are covered. A recommendation is considered to be for routine use if it is listed on the Immunization Schedules of the Centers for Disease Control and Prevention. For the current immunization schedule, visit https://www.cdc.gov/vaccines/imz-schedules/index.html.
  Note: U.S. FDA licensure may restrict the use of the immunizations and vaccines listed above to certain age ranges, frequencies, and/or other patient-specific indications, including gender.
- U.S. Preventive Services Task Force (USPSTF) A and B recommended screenings such as cancer, osteoporosis, depression, and high blood pressure. For a complete list of covered A and B recommendation screenings and age and frequency limitations, go to the website at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations.

- Well-woman care such as gonorrhea prophylactic medication to protect newborns, annual counseling for sexually transmitted infections, contraceptive methods, and screening for interpersonal and domestic violence. For a complete list of Well Women preventive care

services, go to the Health and Human Services (HHS) website at https://www.hrsa.gov/womens-guidelines/.

- To build your personalized list of preventive services, go to https://health.gov/myhealthfinder.

Note: We pay preventive care benefits on the first claim we process for each of the above tests you receive in the calendar year. Regular coverage criteria and benefit levels apply to subsequent claims for those types of tests if performed in the same year. If you receive both preventive and diagnostic services from your Provider on the same day, you are responsible for paying your cost-share for the diagnostic services.

Note: Unless otherwise noted, the benefits listed under *Preventive Care, Adult*, do not apply to individuals aged 21 and younger. (See benefits under *Preventive Care, Child*, this Section.)

Note: See Section 5(b) for the benefits available for the surgical removal of breast, ovaries, or prostate when screening reveals a BRCA mutation; preventive care benefits are not available.

Note: Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination not included in the preventive recommended listing of services will be subject to the applicable member copayments, coinsurance and deductible.

Standard Option - You Pay
Preferred: Nothing (no deductible)

Note: If you receive both preventive and diagnostic services from your Preferred provider on the same day, you are responsible for paying your cost-share for the diagnostic services.

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: 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.

Note: We waive your deductible and coinsurance amount for services billed by Participating/Non-participating providers related to influenza (flu) vaccines. If you use a Non-participating provider, you pay any difference between our allowance and the billed amount.

Basic Option - You Pay
Preferred: Nothing

Note: If you receive both preventive and diagnostic services from your Preferred provider on the same day, you are responsible for paying your cost-share for the diagnostic services.

Participating/Non-participating: You pay all charges (except as noted below)

Note: For services billed by Non-participating laboratories or radiologists, you pay any difference between our allowance and the billed amount.

Note: When billed by a Preferred facility, such as the outpatient department of a hospital, we provide benefits as shown here for Preferred providers.

Note: Benefits are not available for visits/exams for preventive care, associated laboratory tests, colonoscopies, or routine immunizations performed at Member or Non-member facilities.

Note: See Section 5(c) for our payment levels for covered cancer screenings and ultrasound screening for abdominal aortic aneurysm billed for by Member or Non-member facilities and performed on an outpatient basis.

Note: We provide benefits for services billed by Participating/Non-participating providers related to influenza (flu) vaccines. If you use a Non-participating provider, you pay any difference between our allowance and the billed amount.

- Cervical cancer screening tests
    - Human papillomavirus (HPV) tests of cervix
    - Pap tests of the cervix

  Note: Preventive screenings include services such as biopsy and pathology until a diagnosis of cervical cancer is established.

- Screening mammograms, including mammography using digital technology

  Note: Preventive screenings include services such as breast CT, MRI, biopsy, and pathology until a diagnosis of breast cancer has been established.

Standard Option - You Pay
Preferred: Nothing (no deductible)

Basic Option - You Pay
Preferred: Nothing

Breast and cervical cancer navigation services to include physician or other practitioner principal illness navigation services, including care transitions, patient access, appointment scheduling, and adjusting daily routines to better meet treatment goals.

Standard Option - You Pay
Preferred: Nothing (no deductible)

Basic Option - You Pay
Preferred: Nothing

Benefit Description

Obesity counseling, screening and referral to intensive nutrition and behavioral weight-loss therapy, or counseling under the USPSTF A and B recommendations are covered as part of prevention and treatment of obesity as follows:

- Unlimited nutritional counseling including nutritional counseling via a telehealth provider
- Unlimited visits for counseling on prevention and reducing health risks
- Unlimited visits for individual and group behavioral counseling for obesity
- Unlimited family-centered programs when medically identified to support obesity prevention and management by an in-network provider.

Note: Benefits are available for anti-obesity medications. See Section 5(f) or 5(f)(a).

Note: See Section 5(b) for information related to benefits for the surgical treatment of severe obesity.

Standard Option - You Pay
Preferred: Nothing (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: 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.

Basic Option - You Pay
Preferred: Nothing

Participating/Non-participating: You pay all charges

Note: When billed by a Preferred facility, such as the outpatient department of a hospital, we provide benefits as shown here for Preferred providers.

Benefit Description

Not covered:

- *Self-administered health risk assessments (other than the Blue Health Assessment)*

- *Screening services requested solely by the member, such as commercially advertised heart scans, body scans, and tests performed in mobile traveling vans*
- *Physical exams required for obtaining or continuing employment or insurance, attending schools or camp, athletic exams, or travel.*
- *Immunizations, boosters, and medications for travel or work-related exposure.*
- *Phone consultations and online medical evaluation and management services (telemedicine) for preventive services, except as previously noted in this section for nutritional counseling.*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges