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

Educational Classes and Programs

- Smoking and tobacco cessation treatment
    - Counseling for smoking and tobacco cessation
    - Smoking and tobacco cessation classes

      Note: See Section 5(f)(a) for our coverage of smoking and tobacco cessation drugs.

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

Basic Option - You Pay
Preferred: Nothing

Participating/Non-participating: You pay all charges

Benefit Description

- Diabetic education

  Note: See earlier references for our coverage of nutritional counseling services that are not part of a diabetic education program.

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 primary care provider or other healthcare professional: $35 copayment per visit; $20 copayment per visit for members up to age 18

Preferred specialist: $50 copayment per visit

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Educational or other counseling or training services, or applied behavior analysis (ABA), when performed as part of an educational class or program*
- *Premenstrual syndrome (PMS), lactation, headache, eating disorder, and other educational clinics unless described earlier in this section as being covered*
- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Services performed or billed by a school or halfway house or a member of its staff*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges