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

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; $20 copayment per visit for members up to age 18

Preferred specialist: $50 copayment per visit

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

Note: You pay 35% of the Plan allowance for drugs and supplies.

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Biofeedback*
- *Self-care or self-help training*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges