
2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5. FEP Blue Focus Overview
Page 36

NON-CORE

Benefits that share a common deductible and coinsurance

Brochure Section: 5(a)

Benefit: Professional visits (combined medical and mental health and substance use disorder visits, see Section 5(e))

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Beginning with visit 11 and after

Page(s): [39](#), [86](#)

Brochure Section: 5(a)

Benefit: Inpatient physician

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [39-40](#)

Brochure Section: 5(a)

Benefit: Lab, X-ray & other diagnostic services

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [40-41](#)

Brochure Section: 5(a)

Benefit: Lab, X-ray & other diagnostic services

Member Payment & Calendar Year Limitations (Deductible Applies): Beginning with the 11th occurrence of laboratory tests performed in each of these different laboratory test categories (Basic metabolic panels; Cholesterol screenings; Complete blood counts; Fasting lipoprotein profiles; General health panels; Urinalysis) and Venipunctures when not associated with preventive, maternity or accidental injury care, 30% of Plan Allowance after CYD

Page(s): [40](#)

Brochure Section: 5(a)

Benefit: Allergy – testing, injections, multi-dose antigens

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [48](#)

Brochure Section: 5(a)

Benefit: Outpatient applied behavior analysis (ABA)

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Limited to 200 hours

Page(s): [49](#), [75](#)

Brochure Section: 5(a)

Benefit: Inpatient and outpatient therapies

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [49](#)

Brochure Section: 5(a)

Benefit: Durable medical equipment

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [53](#)

Brochure Section: 5(b)

Benefit: Surgical care – including Blue Distinction® Center

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [57](#), [68](#)

Brochure Section: 5(c)

Benefit: Inpatient hospital

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [70-71](#)

Brochure Section: 5(c)

Benefit: Outpatient hospital or ambulatory surgical center

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [73-76](#)

Brochure Section: 5(c)

Benefit: Ambulance – medical emergency

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [80](#)

Brochure Section: 5(c) & 5(e)

Benefit: Inpatient residential treatment centers (RTCs)

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Limited to 30 days
Page(s): [76,87](#)

Brochure Section: 5(d)
Benefit: Accidental injury – inpatient
Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [82](#)

Brochure Section: 5(d)
Benefit: Medical emergencies (Professional, Hospital emergency room)
Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [83](#)

Brochure Section: 5(e)
Benefit: Mental health visits (combined medical and mental health and substance use disorder visits, see Section 5(e))
Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Beginning with visit 11 and after
Page(s): [86](#)

Brochure Section: 5(e)
Benefit: Mental health inpatient and outpatient professional
Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [86](#)

Brochure Section: 5(e)
Benefit: Mental health inpatient, outpatient, and intensive outpatient care – facility
Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [87-88](#)

Go to page [35](#). Go to page [37](#).