2024 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals Page 42

Benefit Description

Preventive Care, Adult (cont.)

Notes:

- Unless otherwise noted, the benefits discussed under *Preventive Care, Adult*, do not apply to individuals aged 21 and under. (See benefits under *Preventive Care, Child*, in this section.)
- 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.

You Pay See previous page

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. Medical benefits may be available for these services.

• Phone consultations and online medical evaluation and management services (telemedicine) for preventive services, except as noted earlier for nutritional counseling

You Pay

All charges

Benefit Description

Preventive Care, Child

Benefits are provided for preventive care services for children up to age 22. This includes:

- Well-child visits, examinations, and other preventive services as described in the Bright Future Guidelines as provided by the American Academy of Pediatrics. For a complete list of the American Academy of Pediatrics Bright Future Guidelines, go to https://brightfutures.aap.org
- Immunizations such as Tdap, Polio, Measles, Mumps, and Rubella (MMR), and Varicella. For a complete list of immunizations, go to the Centers for Disease Control (CDC) website at <u>https://www.cdc.gov/vaccines/schedules/index.html</u> Note: U.S. FDA licensure may restrict the use of certain vaccines to specific age ranges, frequencies, and/or other patient-specific indications, including gender.
- You may also find a complete list of preventive care services recommended under the U.S. Preventive Services Task Force (USPSTF) online at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations.
- To build your personalized list of preventive services, go to <u>https://health.gov/myhealthfinder</u>
- Nutritional counseling

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

- Screening for hepatitis B for children age 13 and over
- Screening for chlamydial infection

- Screening for gonorrhea infection
- Cervical cancer screening tests

You Pay

Preferred: Nothing (no deductible)

Non-preferred (Participating/Non-participating): You pay all charges

Note: When care is provided by a Non-preferred laboratory and/or radiologist, as stated in Section 3 for an exception, you pay:

- Participating laboratories or radiologists: Nothing (no deductible)
- Non-participating laboratories or radiologists: The difference between our allowance and the billed amount (no deductible)

Notes:

- For services billed by Non-preferred providers (Participating/Non-participating) related to influenza (flu) vaccines, we pay the Plan allowance. If you receive the influenza (flu) vaccine from a Non-participating provider, you pay any difference between our allowance and the billed amount (no deductible).
- 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.

Preventive Care, Child - continued on next page

Go to page 41. Go to page 43.