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

Key benefits with no or low member cost-share – not subject to deductible and coinsurance

Brochure Section: 5(a)

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

Member Payment & Calendar Year Limitations: \$10 per visit for first 10 visits (See “Non-Core” for visits 11+.)

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Brochure Section: 5(a)

Benefit: Lab, X-ray and other diagnostic services

Member Payment & Calendar Year Limitations: \$0 member cost-share for the first 10 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 10 Venipunctures when not associated with preventive, maternity or accidental injury care

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Brochure Section: 5(a)

Benefit: Telehealth

- Minor acute conditions
- Dermatology care
- Mental health and substance use disorder counseling

Member Payment & Calendar Year Limitations: \$10 per visit

First 2 visits – no member cost-share

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Brochure Section: 5(a)

Benefit: Preventive care (adult/child)

Member Payment & Calendar Year Limitations: \$0

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Brochure Section: 5(a)

Benefit: Family planning
Member Payment & Calendar Year Limitations: \$0
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Brochure Section: 5(a)
Benefit: Oral & transdermal contraceptives from Preferred pharmacy
Member Payment & Calendar Year Limitations: \$0
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Brochure Section: 5(a)
Benefit: Immunizations (preventive)
Member Payment & Calendar Year Limitations: \$0
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Brochure Section: 5(a)
Benefit: Smoking cessation treatment
Member Payment & Calendar Year Limitations: \$0
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Brochure Section: 5(a)
Benefit: Acupuncture and manipulative treatments
Member Payment & Calendar Year Limitations: \$25 per visit
Limited to 10 visits combined
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Brochure Section: 5(c), 5(d) & 5(g)
Benefit: Accidental injury

- Ambulance
- Dental
- Professional
- Outpatient hospital services
- Urgent Care

Member Payment & Calendar Year Limitations: \$0
Within 72 hours of the accidental injury
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Brochure Section: 5(d)
Benefit: Medical emergencies – urgent care
Member Payment & Calendar Year Limitations: \$25 per visit
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Brochure Section: 5(f)
Benefit: Preferred retail pharmacy - Tier 1: (Preferred Generic Drugs at a Preferred retail pharmacy)
Member Payment & Calendar Year Limitations: \$5 for up to a 30-day supply

\$15 for up to a 90-day supply

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***The Core benefits do not include Tier 2 brand-name drugs or any specialty drugs (including generic specialty drugs), see WRAP benefits listed on page [37](#).**

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