
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
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Benefit Description

Lab, X-ray and Other Diagnostic Tests (cont.)

- Nuclear medicine
- Sleep studies

Note: See Section 5(c) for services billed for by a facility, such as the outpatient department of a hospital.

You Pay

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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: 30% of the Plan allowance (deductible applies)
- Non-participating laboratories or radiologists: 30% of the Plan allowance, plus any difference between our allowance and the billed amount (deductible applies)

Benefit Description

Preventive Care, Adult

Benefits are provided for preventive care services for adults age 22 and over.

Covered services include:

- Counseling on prevention and reducing health risks
- Nutritional counseling
Note: When nutritional counseling is via the contracted telehealth provider network, we provide benefits as shown here for Preferred providers. Refer to Section 5(h), *Wellness and Other Special Features*, for information on how to access a telehealth provider.
- Visits/exams for preventive care
Note: See the definition of *Preventive Care, Adult*, for included health screening services.

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

- Administration and interpretation of a Health Risk Assessment (HRA) questionnaire (see *Definitions*)
Note: As a member of FEP Blue Focus, you have access to the Blue Cross and Blue Shield HRA, called the “Blue Health Assessment” questionnaire. See Section 5(h) for more information.
- Basic or comprehensive metabolic panel test
- CBC
- Cervical cancer screening tests
 - Human papillomavirus (HPV) tests of the cervix
 - Pap tests of the cervix
- Colorectal cancer tests, including:
 - Colonoscopy with or without biopsy (see Section 5(b) for our payment levels for diagnostic colonoscopies)
 - CT colonography
 - DNA analysis of stool samples
 - Double contrast barium enema
 - Fecal occult blood test
 - Sigmoidoscopy
- Fasting lipoprotein profile (total cholesterol, LDL, HDL, and/or triglycerides)

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)

Note: See Section 5(c) for our payment levels for covered cancer screenings and ultrasound screening for abdominal aortic aneurysm billed for by Member or Non-member facilities and performed on an outpatient basis.

Note: 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).

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