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**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**

Continued from previous page:

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)

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**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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*Preventive Care, Adult - continued on next page*

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