

Diagnostic and Treatment Services

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 Diagnostic and Treatment Services

Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

Benefit Description

Diagnostic and Treatment Services

Outpatient professional services of physicians and other healthcare professionals:

- Consultations
- Genetic counseling
- Second surgical opinions
- Clinic visits
- Office visits
- Home visits
- Initial examination of a newborn needing definitive treatment when covered under a Self Plus One or Self and Family enrollment
- Pharmacotherapy (medication management) (See Section 5(f) for prescription drug coverage)
- Phone consultations and online medical evaluation and management services (telemedicine)

Note: Please see Section 5(c) for our coverage of these services when billed for by a facility, such as the outpatient department of a hospital.

You Pay

Preferred provider: \$10 copayment (no deductible) per visit up to a combined total of 10 visits per calendar year (benefits combined with visits in Section 5(e))

Preferred provider, visits after the 10th visit: 30% of the Plan allowance (deductible applies)

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

Note: You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care.

Benefit Description

Telehealth professional services for:

- Minor acute conditions
- Dermatology care

Notes:

- Refer to Section 5(h), *Wellness and Other Special Features*, for information on telehealth services and how to access a provider.
- Copayments are waived for members with Medicare Part B primary.

You Pay

Preferred Telehealth Provider: Nothing (no deductible) for the first 2 visits per calendar year for any covered telehealth service (benefits are combined with telehealth services listed in Section 5(e))

\$10 copayment per visit (no deductible) after the 2nd visit

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

Benefit Description

Inpatient professional services:

- During a covered hospital stay

- Services for nonsurgical procedures when ordered, provided, and billed by a physician during a covered inpatient hospital admission
- Medical care by the attending physician (the physician who is primarily responsible for your care when you are hospitalized) on days we pay hospital benefits
- Note: A consulting physician employed by the hospital is not the attending physician.
- Consultations when requested by the attending physician
- Nutritional counseling when billed by a covered provider
- Concurrent care – hospital inpatient care by a physician other than the attending physician for a condition not related to your primary diagnosis, or because the medical complexity of your condition requires this additional medical carePhysical therapy by a physician other than the attending physician
- Initial examination of a newborn needing definitive treatment when covered under a Self Plus One or Self and Family enrollment
- Pharmacotherapy (medication management) (See Section 5(c) for our coverage of drugs you receive while in the hospital.)
- Second surgical opinion

You Pay

Preferred: 30% of the Plan allowance (deductible applies)

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

Benefit Description

Not covered:

- *Routine services except for those Preventive care services described later in this section*
- *Costs associated with enabling or maintaining providers' telehealth (telemedicine) technologies, non-interactive telecommunication such as email communications, or asynchronous store-and-forward telehealth services*

- *Private duty nursing*
- *Standby physicians*
- *Routine radiological and staff consultations required by facility rules and regulations*
- *Inpatient physician care when your admission or portion of an admission is not covered (See Section 5(c).)*

Note: If we determine that an inpatient admission is not covered, we will not provide benefits for inpatient room and board or inpatient physician care. However, we will provide benefits for covered services or supplies other than room and board and inpatient physician care at the level that we would have paid if they had been provided in some other setting.

You Pay
All charges