

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5. FEP Blue Focus Overview**Page 36

NON-CORE**Benefits that share a common deductible and coinsurance****Brochure Section: 5(a)****Benefit:** Professional visits (combined medical and mental health and substance use disorder visits, see Section 5(e))**Member Payment & Calendar Year Limitations (Deductible Applies):** 30% of the Plan Allowance Beginning with visit 11 and after**Page(s):** [39](#), [86](#)**Brochure Section: 5(a)****Benefit:** Inpatient physician**Member Payment & Calendar Year Limitations (Deductible Applies):** 30% of the Plan Allowance**Page(s):** [39-40](#)**Brochure Section: 5(a)****Benefit:** Lab, X-ray & other diagnostic services**Member Payment & Calendar Year Limitations (Deductible Applies):** 30% of the Plan Allowance**Page(s):** [40-41](#)**Brochure Section: 5(a)****Benefit:** Lab, X-ray & other diagnostic services**Member Payment & Calendar Year Limitations (Deductible Applies):** Beginning with the 11th occurrence of 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 Venipunctures when not associated with preventive, maternity or accidental injury care, 30% of Plan Allowance after CYD**Page(s):** [40](#)**Brochure Section: 5(a)****Benefit:** Allergy – testing, injections, multi-dose antigens**Member Payment & Calendar Year Limitations (Deductible Applies):** 30% of the Plan Allowance**Page(s):** [48](#)**Brochure Section: 5(a)****Benefit:** Outpatient applied behavior analysis (ABA)**Member Payment & Calendar Year Limitations (Deductible Applies):** 30% of the Plan Allowance Limited to 200 hours**Page(s):** [49](#), [75](#)**Brochure Section: 5(a)****Benefit:** Inpatient and outpatient therapies

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
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Brochure Section: 5(a)

Benefit: Durable medical equipment

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [53](#)

Brochure Section: 5(b)

Benefit: Surgical care – including Blue Distinction® Center

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
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Brochure Section: 5(c)

Benefit: Inpatient hospital

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
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Brochure Section: 5(c)

Benefit: Outpatient hospital or ambulatory surgical center

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [73-76](#)

Brochure Section: 5(c)

Benefit: Ambulance – medical emergency

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [80](#)

Brochure Section: 5(c) & 5(e)

Benefit: Inpatient residential treatment centers (RTCs)

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Limited to 30 days
Page(s): [76,87](#)

Brochure Section: 5(d)

Benefit: Accidental injury – inpatient

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
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Brochure Section: 5(d)

Benefit: Medical emergencies (Professional, Hospital emergency room)

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Page(s): [83](#)

Brochure Section: 5(e)

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

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance
Beginning with visit 11 and after

Page(s): [86](#)

Brochure Section: 5(e)

Benefit: Mental health inpatient and outpatient professional

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

Page(s): [86](#)

Brochure Section: 5(e)

Benefit: Mental health inpatient, outpatient, and intensive outpatient care – facility

Member Payment & Calendar Year Limitations (Deductible Applies): 30% of the Plan Allowance

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