

2023 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****Alternative/Manipulative Treatment**

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

Benefit Description**Alternative/Manipulative Treatment**

Benefits for manipulative treatment and acupuncture are subject to a combined limit of 10 visits per person per calendar year

- Acupuncture is covered when performed and billed by a healthcare provider who is licensed or certified to perform acupuncture by the state where the services are provided, and who is acting within the scope of that license or certification. See page [16](#) for more information.

Note: See page [68](#) for our coverage of acupuncture when provided as anesthesia for covered surgery.

Note: See page [45](#) for our coverage of acupuncture when provided as anesthesia for covered maternity care.

- Manipulative treatment limited to:
 - Osteopathic manipulative treatment to any body region
 - Chiropractic spinal and/or extraspinal manipulative treatment

See Section 5(c), page [75](#), for facility benefits.

You Pay

Preferred: \$25 copayment per visit (no deductible)

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. (See page [128](#) for more information about “agents.”)

Benefit Description

Not covered:

- *Biofeedback*
- *Self-care or self-help training*

You Pay

All charges