

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals****Page 57**

- You must use Preferred providers in order to receive benefits. See below and page [18](#) or the exceptions to this requirement.
 - We provide benefits at Preferred benefit levels for services provided in Preferred facilities by Non-preferred radiologists, anesthesiologists, certified registered nurse anesthetists (CRNAs), pathologists, neonatologists, emergency room physicians, and assistant surgeons (including assistant surgeons in a physician's office). You may be responsible for any difference between our payment and the billed amount. See page [29](#), NSA, for information on when you are not responsible for this difference.
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Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

Benefit Description**Surgical Procedures**

A comprehensive range of services, such as:

- Operative procedures
- Assistant surgeons/surgical assistance if required because of the complexity of the surgical procedures
- Treatment of fractures and dislocations, including casting
- Normal pre- and post-operative care by the surgeon
- Correction of amblyopia and strabismus
- Colonoscopy, with or without biopsy
Note: Preventive care benefits apply to the professional charges for your first covered colonoscopy of the calendar year (see page [42](#)). We provide benefits as described here for subsequent colonoscopy procedures performed by a professional provider in the same year.
- Endoscopic procedures
- Injections

- Biopsy procedures
- Removal of tumors and cysts
- Correction of congenital anomalies (see *Reconstructive Surgery* on page [59](#))
- Treatment of burns
- Male circumcision
- Insertion of internal prosthetic devices. See Section 5(a), *Orthopedic and Prosthetic Devices*, and “Other hospital services and supplies” in Section 5(c), *Inpatient Hospital*, for our coverage for the device.

You Pay

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

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

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

Benefit Description

Procedures to treat morbid obesity – a condition in which an individual has a Body Mass Index (BMI) of 40 or more, or an individual with a BMI of 35 or more with one or more co-morbidities; eligible members must be age 16 or over and the procedure must be performed at a facility designated as a Blue Distinction Center for Comprehensive Bariatric Surgery.

- Benefits are available only for the following procedures:
 - Roux-en-Y gastric bypass
 - Laparoscopic adjustable gastric banding
 - Sleeve gastrectomy
 - Biliopancreatic bypass with duodenal switch

You Pay

When performed in a Blue Distinction Center for Comprehensive Bariatric Surgery: 30% of the Plan allowance (deductible applies)

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

Note: Your provider will document the place of service when filing your claim for the procedure(s). Please contact the provider if you have any questions about the place of the service.

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