

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****Page 43**

Benefit Description**Preventive Care, Adult (cont.)**

Notes:

- We pay preventive care benefits on the first claim we process for each of the above tests you receive in the calendar year. Regular coverage criteria and benefit levels apply to subsequent claims for those types of tests if performed in the same year. If you receive both preventive and diagnostic services from your Provider on the same day, you are responsible for paying your cost-share for the diagnostic services. Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination not included in the preventive recommended listing of services will be subject to the applicable member copayments, coinsurance and deductible.
- See page [96](#) for our payment levels for medications to promote better health as recommended under the Affordable Care Act.
- See page [97](#) for our payment levels for bowel preparation medications, and antiretroviral medications for the prevention of HIV.
- Unless otherwise noted, the benefits listed above and on pages [41-42](#) do not apply to children up to age 22. (See benefits under *Preventive Care, Child*, in this Section.)

You PaySee previous page

Benefit Description**Hereditary Breast and Ovarian Cancer Screening**

Benefits are available for screening members, age 18 and over (including children ages 18 – 21) limited to one of each type of test per lifetime, to evaluate the risk for developing certain types of hereditary breast or ovarian cancer related to mutations in BRCA1 and BRCA2 genes:

- **Genetic counseling and evaluation** for members whose personal and/or family history is associated with an increased risk for harmful mutations in BRCA1 and BRCA2 genes.
- **BRCA testing** for members whose personal and/or family history is associated with an increased risk for harmful mutations in BRCA1 or BRCA2 genes.

Notes:

- **You must receive genetic counseling and evaluation services and obtain prior approval before you receive preventive BRCA testing.** Preventive care benefits will not be provided for BRCA testing unless you receive genetic counseling and evaluation prior to the test, and scientifically valid screening measures are used for the evaluation, and the results support BRCA testing. See page [19](#) for information about prior approval and additional BRCA coverage or call the phone number on the back of your ID card for additional policy information.
- See page [57](#) for the benefits available for the surgical removal of breast, ovaries, or prostate when screening reveals a BRCA mutation: preventive care benefits are not available.

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 on page [18](#) 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: When billed by a Preferred facility, such as the outpatient department of a hospital, we provide benefits for Preferred providers. Benefits are not available for BRCA testing performed at Member or Non-member facilities.

Benefit Description

Not covered:

- *Genetic testing related to family history of cancer or other disease, except as described above*
Note: See page [40](#) for our coverage of medically necessary diagnostic genetic testing.

You Pay
All charges

Preventive Care, Adult - continued on next page

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