

**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****Hearing Services**

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

**Benefit Description****Hearing Services**

Visits related to the covered hearing services listed below

**You Pay**

Preferred: \$10 copayment (no deductible) per visit up to a combined total of 10 visits per calendar year (benefits combined with visits in Section 5(a) page [39](#))

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

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**Benefit Description**

Hearing tests related to illness or injury

**You Pay**

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

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

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**Benefit Description**

*Not covered:*

- *Routine hearing tests (except as indicated on page [44](#))*

- *Hearing aids, including bone-anchored hearing aids, accessories or supplies(including remote controls and warranty packages) and all associated services*
- *Hearing aid exams*

**You Pay**

*All charges*