

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****Preventive Care, Child**

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

Benefit Description**Preventive Care, Child**

Benefits are provided for preventive care services for children up to age 22. This includes:

- Well-child visits, examinations, and other preventive services as described in the Bright Future Guidelines as provided by the American Academy of Pediatrics. For a complete list of the American Academy of Pediatrics Bright Future Guidelines, go to <https://brightfutures.aap.org>
- Immunizations such as DTaP, Polio, Measles, Mumps, and Rubella (MMR), and Varicella. For a complete list of immunizations, go to the Centers for Disease Control (CDC) website at <https://www.cdc.gov/vaccines/schedules/index.html>

Note: U.S. FDA licensure may restrict the use of certain vaccines to specific age ranges, frequencies, and/or other patient-specific indications, including gender.

- To build your personalized list of preventive services, go to <https://health.gov/myhealthfinder>

Note: Preventive care benefits for each of the services listed below are limited to one per calendar year:

- Screening for hepatitis B for children age 13 and over
 - Screening for chlamydial infection
 - Screening for gonorrhea infection
 - Cervical cancer screening tests
 - Human papillomavirus (HPV) tests of the cervix
 - Pap tests of the cervix
- Note: See page [43](#) for covered BRCA testing.

- Screening for human immunodeficiency virus (HIV) infection
- Screening for syphilis infection
- Screening for latent tuberculosis infection for children ages 18 through 21
- Nutritional counseling

Note: If your child receives both preventive and diagnostic services from a Preferred provider on the same day, you are responsible for paying the cost-share for the diagnostic services.

Note: When nutritional counseling is via the contracted telehealth provider network, we provide benefits as shown here for Preferred providers. Refer to Section 5(h), *Wellness and Other Special Features*, for information on how to access a telehealth provider.

Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination and not included in the preventive 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.

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)

Notes:

- For services billed by Non-preferred providers (Participating/Non-participating) related to influenza (flu) vaccines, we pay the Plan allowance. If you receive the influenza (flu) vaccine from a Non-participating provider, you pay any difference between our allowance and the billed amount (no deductible).
- When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

Benefit Description

Not covered:

- *Self-administered health risk assessments (other than the Blue Health Assessment)*
- *Screening services requested solely by the member, such as commercially advertised heart scans, body scans, and tests performed in mobile traveling vans*
- *Physical exams required for obtaining or continuing employment or insurance, attending schools or camp, athletic exams, or travel*
- *Immunizations, boosters, and medications for travel or work-related exposure. Medical benefits may be available for these services.*
- *Phone consultations and online medical evaluation and management services (telemedicine) for preventive services, except as noted above for nutritional counseling.*

You Pay

All charges