

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5. FEP Blue Focus Overview**Page 35

CORE**Key benefits with no or low member cost-share – not subject to deductible and coinsurance****Brochure Section:** 5(a)**Benefit:** Professional visit (combined medical and mental health and substance use disorder visits, see Section 5(e))**Member Payment & Calendar Year Limitations:** \$10 per visit for first 10 visits (See “Non-Core” for visits 11+.)**Page(s):** [39](#), [86](#)**Brochure Section:** 5(a)**Benefit:** Lab, X-ray and other diagnostic services**Member Payment & Calendar Year Limitations:** \$0 member cost-share for the first 10 laboratory tests performed in each of these different laboratory test categories (Basic metabolic panels; Cholesterol screenings; Complete blood counts; Fasting lipoprotein profiles; General health panels; Urinalysis) and 10 Venipunctures when not associated with preventive, maternity or accidental injury care**Page(s):** [40](#)**Brochure Section:** 5(a)**Benefit:** Telehealth

- Minor acute conditions
- Dermatology care
- Mental health and substance use disorder counseling

Member Payment & Calendar Year Limitations: \$10 per visit

First 2 visits – no member cost-share

Page(s): [39](#), [86](#)**Brochure Section:** 5(a)**Benefit:** Preventive care (adult/child)**Member Payment & Calendar Year Limitations:** \$0**Page(s):** [41](#), [44](#)**Brochure Section:** 5(a)**Benefit:** Family planning**Member Payment & Calendar Year Limitations:** \$0**Page(s):** [47](#)**Brochure Section:** 5(a)**Benefit:** Oral & transdermal contraceptives from Preferred pharmacy

Member Payment & Calendar Year Limitations: \$0
Page(s): [95](#)

Brochure Section: 5(a)
Benefit: Immunizations (preventive)
Member Payment & Calendar Year Limitations: \$0
Page(s): [42](#), [44](#)

Brochure Section: 5(a)
Benefit: Smoking cessation treatment
Member Payment & Calendar Year Limitations: \$0
Page(s): [55](#), [98](#)

Brochure Section: 5(a)
Benefit: Acupuncture and manipulative treatments
Member Payment & Calendar Year Limitations: \$25 per visit
Limited to 10 visits combined
Page(s): [55](#)

Brochure Section: 5(c), 5(d) & 5(g)
Benefit: Accidental injury

- Ambulance
- Dental
- Professional
- Outpatient hospital services
- Urgent Care

Member Payment & Calendar Year Limitations: \$0
Within 72 hours of the accidental injury
Page(s): [80](#), [82](#), [101](#)

Brochure Section: 5(d)
Benefit: Medical emergencies – urgent care
Member Payment & Calendar Year Limitations: \$25 per visit
Page(s): [83](#)

Brochure Section: 5(f)
Benefit: Preferred retail pharmacy - Tier 1: (Preferred Generic Drugs at a Preferred retail pharmacy)
Member Payment & Calendar Year Limitations: \$5 for up to a 30-day supply
\$15 for up to a 90-day supply
Page(s): [93](#)

***The Core benefits do not include Tier 2 brand-name drugs or any specialty drugs (including generic specialty drugs), see WRAP benefits listed on page [37](#).**

Go to page [34](#). Go to page [36](#).

