

**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 44**

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

- *Genetic panels when some or all of the tests included in the panel are not covered, are experimental or investigational, or are not medically necessary*
- *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 on page [41](#) for nutritional counseling*

**You Pay**

*All charges*

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**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

## 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.
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*Preventive Care, Child - continued on next page*

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