

**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 42**

---

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

- Colorectal cancer tests, including:
  - Colonoscopy with or without biopsy (see page [57](#) for our payment levels for diagnostic colonoscopies)
  - CT colonography
  - DNA analysis of stool samples
  - Double contrast barium enema
  - Fecal occult blood test
  - Sigmoidoscopy
- Fasting lipoprotein profile (total cholesterol, LDL, HDL, and/or triglycerides)
- General health panel
- Prostate cancer tests – Prostate Specific Antigen (PSA) test
- Screening for chlamydial infection
- Screening for diabetes mellitus
- Screening for gonorrhea infection
- Screening for human immunodeficiency virus (HIV)
- Screening mammograms, including mammography using digital technology
- Ultrasound for abdominal aortic aneurysm for adults, ages 65 to 75, limited to one screening per lifetime
- Urinalysis

The following preventive services are covered at the time interval recommended at each of the links below.

- Immunizations such as COVID-19, Pneumococcal, influenza, shingles, tetanus/DTaP) and human papillomavirus (HPV). For a complete list of immunizations, go to the Centers for Disease Control (CDC) website at <https://www.cdc.gov/vaccines/schedules>.  
Note: U.S. FDA licensure may restrict the use of the immunizations and vaccines listed above to certain age ranges, frequencies, and/or other patient-specific indications, including gender.
- USPSTF A and B recommended screenings such as cancer, osteoporosis, depression, and high blood pressure. For a complete list of covered A and B recommendation screenings and age and frequency limitations, go to the U.S. Preventive Services Task Force (USPSTF) website at <https://www.uspreventiveservicestaskforce.org>
- Well woman care such as gonorrhea prophylactic medication to protect newborns, annual counseling for sexually transmitted infections, contraceptive methods, and screening for interpersonal and domestic violence. For a complete list of Well Women preventive care services, go to the Health and Human Services (HHS) website at <https://www.healthcare.gov/preventive-care-women/>
- To build your personalized list of preventive services, go to <https://health.gov/myhealthfinder>

## You Pay

Continued from previous page:

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: See Section 5(c) for our payment levels for covered cancer screenings and ultrasound screening for abdominal aortic aneurysm billed for by Member or Non-member facilities and performed on an outpatient basis.

Note: 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).

Note: Many Preferred retail pharmacies participate in our vaccine network. See page [95](#) for our coverage of these vaccines when provided by pharmacies in the vaccine network.

---

Go to page [41](#). Go to page [43](#).