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2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
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Benefit Description

Preventive Care, Child (cont.)

- You may also find a complete list of preventive care services recommended under the U.S. Preventive Services Task Force (USPSTF) online at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
- To build your personalized list of preventive services, go to https://health.gov/myhealthfinder.
- Nutritional counseling

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
    - Pap tests of the cervix
    - Human papillomavirus (HPV) tests of the cervix
- Screening for human immunodeficiency virus (HIV) infection

- Screening for syphilis infection
- Screening for latent tuberculosis infection for children ages 18 through 21

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.

Note: 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.

Standard Option - You Pay
Preferred: Nothing (no deductible)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount.

Note: 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.

Note: We waive the deductible and coinsurance amount for services billed by Participating/ Non-participating providers related to Influenza (flu) vaccines. If you use a Non-participating provider, you pay any difference between our allowance and the billed amount.

Basic Option - You Pay
Preferred: Nothing

Participating/Non-participating: You pay all charges (except as noted below)

Note: For services billed by Non-participating laboratories or radiologists, you pay any difference between our allowance and the billed amount.

Note: 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*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges

Preventive Care, Child - continued on next page

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