
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
Page 42

Benefit Description

Preventive Care, Adult

Benefits are provided for preventive care services for adults age 22 and over.

Covered services include:

- Counseling on prevention and reducing health risks
- Nutritional counseling 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.
- Visits/exams for preventive care Note: See the definition of Preventive Care, Adult, in Section 10 for included health screening services.

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

- Administration and interpretation of a Health Risk Assessment (HRA) questionnaire (see *Definitions*)
Note: As a member of the Service Benefit Plan, you have access to the Blue Cross and Blue Shield HRA, called the “Blue Health Assessment” questionnaire. See Section 5(h) for complete information.
- Basic or comprehensive metabolic panel test
- CBC
- Cervical cancer screening tests
 - Human papillomavirus (HPV) tests of cervix

- Pap tests of the cervix
- Colorectal cancer tests, including:
 - Colonoscopy, with or without biopsy (see Section 5(b) 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)
- 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

Standard Option - You Pay

Preferred: Nothing (no deductible)

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

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 your 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

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

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 Preferred facility, such as the outpatient department of a hospital, we provide benefits as shown here for Preferred providers.

Note: Benefits are not available for visits/exams for preventive care, associated laboratory tests, colonoscopies, or routine immunizations performed at Member or Non-member facilities.

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: We provide benefits 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.

Preventive Care, Adult - continued on next page

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