

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

Educational Classes and Programs (cont.)

- Diabetic education

Note: See earlier references for our coverage of nutritional counseling services that are not part of a diabetic education program.

Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

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

Basic Option - You Pay

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$45 copayment per visit

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Educational, or other counseling or training services, or applied behavior analysis (ABA), when performed as part of an educational class or program*
- *Premenstrual syndrome (PMS), lactation, headache, eating disorder, and other educational clinics unless described earlier in this section as being covered*
- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Services performed or billed by a school or halfway house or a member of its staff*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

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