

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 39

Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

Benefit Description

Diagnostic and Treatment Services

Outpatient professional services of physicians and other healthcare professionals:

- Consultations
- Genetic counseling
- Second surgical opinions
- Clinic visits
- Office visits
- Home visits
- Initial examination of a newborn needing definitive treatment when covered under a Self Plus One or Self and Family enrollment
- Pharmacotherapy (medication management) (See Section 5(f) for prescription drug coverage)
- Phone consultations and online medical evaluation and management services (telemedicine)

Note: Please refer to Section 5(c) for our coverage of these services when billed for by a facility, such as the outpatient department of a hospital.

Standard Option - You Pay

Preferred primary care provider or other healthcare professional: \$30 copayment per visit (no deductible)

Preferred specialist: \$40 copayment per visit (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

Basic Option - You Pay

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

Preferred specialist: \$45 copayment per visit

Note: You pay 30% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care.

Participating/Non-participating: You pay all charges

Benefit Description

Telehealth professional services for:

- Minor acute conditions
- Dermatology care

Note: Refer to Section 5(h), *Wellness and Other Special Features*, for information on telehealth services and how to access a provider.

Note: Benefits are combined with telehealth services listed in Section 5(e).

Note: Copayments are waived for members with Medicare Part B primary.

Standard Option - You Pay

Preferred Telehealth Provider: Nothing (no deductible) for the first 2 visits per calendar year for any covered telehealth service

\$10 copayment per visit (no deductible) after the 2nd visit

Participating/Non-participating: You pay all charges

Basic Option - You Pay

Preferred Telehealth Provider: Nothing for the first 2 visits per calendar year for any covered telehealth service

\$15 copayment per visit after the 2nd visit

Participating/Non-participating: You pay all charges

Benefit Description

Inpatient professional services:

- During a covered hospital stay
- Services for nonsurgical procedures when ordered, provided, and billed by a physician during a covered inpatient hospital admission
- Medical care by the attending physician (the physician who is primarily responsible for your care when you are hospitalized) on days we pay hospital benefits
Note: A consulting physician employed by the hospital is not the attending physician.
- Consultations when requested by the attending physician

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: Nothing

Participating/Non-participating: You pay all charges

Diagnostic and Treatment Services - continued on next page

Go to page [38](#). Go to page [40](#).