2023 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 43

Benefit Description

Preventive Care, Adult (cont.)

- Fasting lipoprotein profile (total cholesterol, LDL, HDL, and/or triglycerides)
- General health panel
- Prostate cancer test 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
- 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 intervals 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

Standard Option - You Pay

Continued from previous page:

Note: Many Preferred retail pharmacies participate in our vaccine network. See page <u>111</u> for our coverage of these vaccines when provided by pharmacies in the vaccine network.

Basic Option - You Pay

Continued from previous page:

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.

Note: Many Preferred retail pharmacies participate in our vaccine network. See page 111 for our coverage of these vaccines when provided by pharmacies in the vaccine network.

Preventive Care, Adult - continued on next page

Go to page 42, . Go to page 44.