

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
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Benefit Description

Alternative Treatments (cont.)

Not covered:

- *Biofeedback*
- *Self-care or self-help training*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Benefit Description

Educational Classes and Programs

- Smoking and tobacco cessation treatment
 - Counseling for smoking and tobacco cessation
 - Smoking and tobacco cessation classes

Note: See Section 5(f) for our coverage of smoking and tobacco cessation drugs.

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

Basic Option - You Pay

Preferred: Nothing

Participating/Non-participating: You pay all charges

Benefit Description

- Diabetic education

Note: See pages [40](#), [42](#) and [46](#) 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: \$30 copayment per visit

Preferred specialist: \$40 copayment per visit

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Marital, family, 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 (except as described on page [47](#)), headache, eating disorder (except as described on pages [40](#) and [42](#)), and other educational clinics*
- *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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