

**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 45**

---

**Benefit Description**

**Preventive Care, Adult (cont.)**

Note: Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination not included in the preventive recommended listing of services will be subject to the applicable member copayments, coinsurance and deductible.

**Standard Option - You Pay**

See page [42](#)

**Basic Option - You Pay**

See page [42](#)

---

**Benefit Description**

*Not covered:*

- *Genetic testing related to family history of cancer or other disease, except as described on page [44](#)*  
*Note: See page [41](#) for our coverage of medically necessary diagnostic genetic testing.*
- *Genetic panels when some or all of the tests included in the panel are not covered, are experimental or investigational, or are not medically necessary*
- *Self-administered health risk assessments (other than the Blue Health Assessment)*
- *Screening services requested solely by the member, such as commercially advertised heart scans, body scans, and tests performed in mobile traveling vans*
- *Physical exams required for obtaining or continuing employment or insurance, attending schools or camp, athletic exams, or travel.*
- *Immunizations, boosters, and medications for travel or work-related exposure. Medical benefits may be available for these services.*

- *Phone consultations and online medical evaluation and management services (telemedicine) for preventive services, except as noted on page [42](#) for nutritional counseling.*

**Standard Option - You Pay**

All charges

**Basic Option - You Pay**

All charges

---

**Benefit Description****Preventive Care, Child**

Benefits are provided for preventive care services for children up to age 22. This includes:

- Well-child visits, examinations, and other preventive services described in the Bright Future Guidelines as provided by the American Academy of Pediatrics. For a complete list of the American Academy of Pediatrics Bright Future Guidelines go to <https://brightfutures.aap.org>
- Immunizations such as DTaP, Polio, Measles, Mumps, and Rubella (MMR), and Varicella. For a complete list of immunizations go to the Centers for Disease Control (CDC) website at <https://www.cdc.gov/vaccines/schedules/index.html>  
Note: U.S. FDA licensure may restrict the use of the immunizations and vaccines listed above to specific age ranges, frequencies, and/or other patient-specific indications, including gender.
- To build your personalized list of preventive services go to <https://health.gov/myhealthfinder>

**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

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.

**Basic Option - You Pay**

Preferred: Nothing

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: 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, Child - continued on next page*

---

Go to page [44](#) , . Go to page [46](#).