

140

2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus – 2025 Page 140

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Do not rely on this chart alone. This is a summary. All benefits are subject to the definitions, limitations, and exclusions in this brochure. Before making a final decision, please read this FEHB brochure.

You can also obtain a copy of our Summary of Benefits and Coverage as required by the Affordable Care Act at www.fepblue.org/brochure.

If you want to enroll or change your enrollment in this Plan, be sure to put the correct enrollment code from the cover on your enrollment form.

Below, an asterisk (*) means the item is subject to the \$500 per person (\$1,000 per Self Plus One or Self and Family enrollment) calendar year deductible. If you use a Non-PPO physician, benefits are not provided.

Medical services provided by physicians, specialists and other healthcare professionals: Preventive, adult

You pay:

Preferred provider: Nothing

Non-preferred (Participating/Non-participating): You pay all charges

Page(s): [39-41](#)

Medical services provided by physicians, specialists and other healthcare professionals:

Preventive, child

You pay:

Preferred provider: Nothing

Non-preferred (Participating/Non-participating): You pay all charges

Page(s): [41-43](#)

Medical services provided by physicians, specialists and other healthcare professionals:

Professional Visits

You pay:

Preferred provider: \$10 for the first 10 visits per calendar year (combined medical and mental health and substance use disorder)

After the 10th visit: 30%* of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

Page(s): [37](#)

Medical services provided by physicians, specialists and other healthcare professionals: Diagnostic and treatment services provided in the office

You pay:

Preferred provider: 30%* of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

Page(s): [38](#)

Medical services provided by physicians, specialists and other healthcare professionals: Telehealth services

You pay:

Preferred Telehealth Provider: Nothing

Non-preferred (Participating/Non-participating): You pay all charges

Page(s): [37](#), [82](#)

Services provided by a hospital: Inpatient

You pay:

Preferred: 30%* of the Plan allowance (deductible applies)

Non-preferred (Member/Non-member): You pay all charges

Page(s): [66-67](#)

Services provided by a hospital: Outpatient

You pay:

Preferred: 30%* of the Plan allowance (deductible applies)

Non-preferred (Member/Non-member): You pay all charges

Page(s): [69-72](#)

Emergency benefits: Accidental injury

You pay:

Preferred: Nothing for outpatient hospital and physician services within 72 hours (regular benefits apply thereafter)

Non-preferred:

- Participating: Nothing for outpatient hospital and physician services within 72 hours (regular benefits thereafter)

- Non-participating: Any difference between the Plan allowance and billed amount for outpatient hospital and physician services within 72 hours; regular benefits thereafter

Page(s): [78](#)

Go to page [139](#). Go to page [141](#).