

## Allergy Care

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**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
**Allergy Care**

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**Note:** We state whether or not the calendar year deductible applies for each benefit listed in this section.

### Benefit Description

#### Allergy Care

- Allergy testing
- Allergy treatment
- Allergy injections
- Sublingual allergy desensitization drugs as licensed by the U.S. FDA
- Preparation of each multi-dose vial of antigen
- Agents, drugs, and/or supplies administered or obtained in connection with your care

Note: See earlier in this section for applicable office visit copayment.

### You Pay

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

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

Note: When care is provided by a Non-preferred laboratory and/or radiologist, as stated in Section 3 for an exception, you pay:

- Participating laboratories or radiologists: 30% of the Plan allowance (deductible applies)

- Non-participating laboratories or radiologists: 30% of the Plan allowance, plus any difference between our allowance and the billed amount (deductible applies)
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### **Benefit Description**

*Not covered: Provocative food testing*

### **You Pay**

*All charges*