
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
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Benefit Description

Preventive Care, Child (cont.)

- See Section 5(b) for information related to benefits for the surgical treatment of severe obesity.

You Pay

Preferred: Nothing (no deductible)

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

Benefit Description

Not covered:

- *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 above for nutritional counseling.*

You Pay

All charges

Benefit Description

Maternity Care

We encourage you to notify us of your pregnancy during the first trimester, see Section 3.

Maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage, such as:

- Prenatal and postpartum care (including ultrasound, laboratory, and diagnostic tests)
Note: We cover up to 8 visits per year in full to treat depression associated with pregnancy (i.e., depression during pregnancy, postpartum depression, or both) when you use a Preferred provider. See Section 5(e) for our coverage and benefits for additional mental health services.
- Delivery
- Assistant surgeons/surgical assistance if required because of the complexity of the delivery
- Anesthesia (including acupuncture) when requested by the attending physician and performed by a certified registered nurse anesthetist (CRNA) or a physician other than the operating physician (surgeon) or the assistant
- Tocolytic therapy and related services when provided on an inpatient basis during a covered hospital admission or during a covered observation stay
- Breastfeeding education and individual coaching on breastfeeding by healthcare providers such as physicians, physician assistants, midwives, nurse practitioners/clinical specialists, and lactation specialists
Note: See below for our coverage of breast pump kits.
- Home nursing visits (skilled), subject to visit limitation stated later in this section

Notes:

- See earlier in this section for our coverage of nutritional counseling.

You Pay

Preferred: Nothing (no deductible)

Note: For Preferred facility care related to maternity, including care at Preferred birthing facilities, your responsibility for covered facility care is limited to \$1,500 per pregnancy. See Section 5(c).

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: Nothing (no deductible)
 - Non-participating laboratories or radiologists: The difference between our allowance and the billed amount (no deductible)
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