

---

**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**

**Page 37**

---

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

**Benefit Description**

**Diagnostic and Treatment Services**

Outpatient professional services of physicians and other healthcare professionals:

- Consultations
- Genetic counseling
- Second surgical opinions
- Clinic visits
- Office visits
- Home visits
- Initial examination of a newborn needing definitive treatment when covered under a Self Plus One or Self and Family enrollment
- Pharmacotherapy (medication management) (See Section 5(f) for prescription drug coverage)
- Phone consultations and online medical evaluation and management services (telemedicine)

Note: Please see Section 5(c) for our coverage of these services when billed for by a facility, such as the outpatient department of a hospital.

## You Pay

Preferred provider: \$10 copayment (no deductible) per visit up to a combined total of 10 visits per calendar year (benefits combined with visits in Section 5(e))

Preferred provider, visits after the 10<sup>th</sup> visit: 30% of the Plan allowance (deductible applies)

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

Note: You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care.

---

## Benefit Description

Telehealth professional services for:

- Minor acute conditions
- Dermatology care

Notes:

- Refer to Section 5(h), *Wellness and Other Special Features*, for information on telehealth services and how to access a provider.
- Copayments are waived for members with Medicare Part B primary.

## You Pay

Preferred Telehealth Provider: Nothing (no deductible)

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

---

## Benefit Description

Inpatient professional services:

- During a covered hospital stay

- Services for nonsurgical procedures when ordered, provided, and billed by a physician during a covered inpatient hospital admission
- Medical care by the attending physician (the physician who is primarily responsible for your care when you are hospitalized) on days we pay hospital benefits  
Note: A consulting physician employed by the hospital is not the attending physician.
- Consultations when requested by the attending physician
- Nutritional counseling when billed by a covered provider
- Concurrent care – hospital inpatient care by a physician other than the attending physician for a condition not related to your primary diagnosis, or because the medical complexity of your condition requires this additional medical care
- Physical therapy by a physician other than the attending physician
- Initial examination of a newborn needing definitive treatment when covered under a Self Plus One or Self and Family enrollment

### **You Pay**

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

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

---

*Diagnostic and Treatment Services - continued on next page*

---

Go to page [36](#). Go to page [38](#).