

## Lab, X-ray and Other Diagnostic Tests

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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

##### Lab, X-ray and Other Diagnostic Tests

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### Benefit Description

#### Lab, X-ray and Other Diagnostic Tests

Diagnostic tests, such as:

- Laboratory tests (such as blood tests and urinalysis)
- Pathology services
- EKGs
- Cardiovascular monitoring
- EEGs
- Neurological testing
- Ultrasounds
- X-rays (including set-up of portable X-ray equipment)
- Bone density tests
- CT scans\*/MRIs\*/PET scans\*
- Angiographies
- Genetic testing\*
- Nuclear medicine
- Sleep studies

Note: See Section 5(c) for services billed for by a facility, such as the outpatient department of a hospital.

**\*Prior approval is required**

**You Pay**

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

Note: \$0 member cost-share for the first 10 laboratory tests performed in each of these different laboratory test categories (Basic metabolic panels; Cholesterol screenings; Complete blood counts, Fasting lipoprotein profiles; General health panels; Urinalysis) and 10 Venipunctures when not associated with preventive maternity or accidental injury care.

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)