
2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
Page 46

Benefit Description

Preventive Care, Child (cont.)

Note: When nutritional counseling is via the contracted telehealth provider network, we provide benefits as shown here for Preferred providers. Refer to Section 5(h), *Wellness and Other Special Features*, for information on how to access a telehealth provider.

Note: Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination and not included in the preventive listing of services will be subject to the applicable member copayments, coinsurance, and deductible.

Standard Option - You Pay

See previous page

Basic Option - You Pay

See previous page

Benefit Description

Obesity counseling, screening and referral to **intensive nutrition and behavioral weight-loss therapy, or counseling** under the USPSTF A and B recommendations are covered as part of prevention and treatment of obesity as follows:

- Unlimited nutritional counseling including nutritional counseling via the contracted telehealth provider network
- Unlimited visits for counseling on prevention and reducing health risks

- Unlimited visits for individual and group behavioral counseling for obesity
- And, for those children or adolescents with a body mass index (BMI) at or above the 85th percentile, unlimited **family-centered programs when medically identified to support obesity prevention and management by an in-network provider.**

Note: Benefits are available for anti-obesity medications. See Section 5(f) or 5(f)(a).

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

Standard Option - You Pay

Preferred: Nothing (no deductible)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

Basic Option - You Pay

Preferred: Nothing

Participating/Non-participating: You pay all charges

Note: When billed by a Preferred facility, such as the outpatient department of a hospital, we provide benefits as shown here for Preferred providers.

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.*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Go to page [45](#). Go to page [47](#).