

**2026 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.)

Note: Preventive care benefits for each of the services listed below are limited to one per calendar year:

- Screening for hepatitis B for children age 13 and over
- Screening for chlamydial infection
- Screening for gonorrhea infection
- Cervical cancer screening tests
  - Human papillomavirus (HPV) tests of the cervix
  - Pap tests of the cervix
- Screening for human immunodeficiency virus (HIV) infection
- Screening for syphilis infection
- Screening for latent tuberculosis infection for children ages 18 through 21

Note: If your child receives both preventive and diagnostic services from a Preferred provider on the same day, you are responsible for paying the cost-share for the diagnostic services.

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.

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.

## You Pay

Continued from previous page:

## Notes:

- For services billed by Non-preferred providers (Participating/Non-participating) related to influenza (flu) vaccines, we pay the Plan allowance. If you receive the influenza (flu) vaccine from a Non-participating provider, you pay any difference between our allowance and the billed amount (no deductible).
  - 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.
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**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.

## Notes:

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

**You Pay**

*All charges*