

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

Page 40

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
- 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).
- 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*
- *Medications for travel or work-related exposure.*
- *Phone consultations and online medical evaluation and management services (telemedicine) for preventive services, except as noted earlier for nutritional counseling*

You Pay

All charges

Benefit Description

Preventive Care, Child

Benefits are provided for preventive care services for children up to age 22. This includes:

- Well-child visits, examinations, and other preventive services as described in the Bright Future Guidelines as provided by the American Academy of Pediatrics. For a complete list of the American Academy of Pediatrics Bright Future Guidelines, go to <https://brightfutures.aap.org>
- Children's immunizations endorsed by the Centers for Disease Control (CDC) including DTaP/Tdap, Polio, Measles, Mumps, and Rubella (MMR), and Varicella. For a complete list of immunizations, go to the website at <https://www.cdc.gov/vaccines/imz-schedules/index.html>
Note: U.S. FDA licensure may restrict the use of certain vaccines to specific age ranges, frequencies, and/or other patient-specific indications.

You Pay

Preferred: Nothing (no deductible)

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)

Preventive Care, Child - continued on next page

