

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

Alternative/Manipulative Treatment

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

Benefit Description

Alternative/Manipulative Treatment

Benefits for manipulative treatment and acupuncture are subject to a combined limit of 10 visits per person per calendar year

- Acupuncture is covered when performed and billed by a healthcare provider who is licensed or certified to perform acupuncture by the state where the services are provided, and who is acting within the scope of that license or certification. See Section 3 for more information.

Note: See Section 5(b) for our coverage of acupuncture when provided as anesthesia for covered surgery.

Note: See earlier in this section for our coverage of acupuncture when provided as anesthesia for covered maternity care.

- Manipulative treatment limited to:
 - Osteopathic manipulative treatment to any body region
 - Chiropractic spinal and/or extraspinal manipulative treatment

See Section 5(c) for facility benefits.

You Pay

Preferred: \$25 copayment per visit (no deductible)

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

Not covered:

- *Biofeedback*
- *Self-care or self-help training*

You Pay
All charges