

**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 43**

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**Benefit Description**

**Preventive Care, Adult (cont.)**

Note: Any procedure, injection, diagnostic service, laboratory, or X-ray service done in conjunction with a routine examination not included in the preventive recommended 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

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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
- 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).

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)

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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.

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**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 previously noted in this section for nutritional counseling.*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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Go to page [42](#). Go to page [44](#).