

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals**  
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**Benefit Description**

**Alternative Treatments (cont.)**

*Not covered:*

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

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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**Benefit Description**

**Educational Classes and Programs**

- Smoking and tobacco cessation treatment
  - Counseling for smoking and tobacco cessation
  - Smoking and tobacco cessation classes

Note: See Section 5(f)(a) for our coverage of smoking and tobacco cessation drugs.

**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

**Basic Option - You Pay**

Preferred: Nothing

Participating/Non-participating: You pay all charges

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**Benefit Description**

- Diabetic education

Note: See earlier references for our coverage of nutritional counseling services that are not part of a diabetic education program.

**Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

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

**Basic Option - You Pay**

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$50 copayment per visit

Participating/Non-participating: You pay all charges

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**Benefit Description**

*Not covered:*

- *Educational, or other counseling or training services, or applied behavior analysis (ABA), when performed as part of an educational class or program*
- *Premenstrual syndrome (PMS), lactation, headache, eating disorder, and other educational clinics unless described earlier in this section as being covered*
- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*

- *Services performed or billed by a school or halfway house or a member of its staff*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*