2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

Benefit Description

Reproductive Services
Members who meet our definition of infertility in Section 10 are eligible for the following reproductive services once prior approval has been obtained:

- Artificial insemination (AI)
  - Intracervical insemination (ICI)
  - Intrauterine insemination (IUI)
  - Intravaginal insemination (IVI)

Note: We also provide the benefits seen here when these services are billed by an outpatient facility. See Section 5(f) or 5(f)(a) (Prescription drug benefits) for your cost-shares associated with drugs for covered AI procedures.

Fertility preservation for iatrogenic infertility:

- Procurement of sperm or eggs including medical, surgical, and pharmacy claims associated with retrieval;
- Cryopreservation of sperm and mature oocytes; and
- Cryopreservation storage costs for one year.

Note: See other sections in this brochure for benefits associated with any other services performed to diagnose and treat the cause of infertility.

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: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

Benefit Description

Assisted reproductive technologies (ART) – Members who meet our definition of infertility in Section 10 are eligible for ART services, limited to $25,000 paid annually.

Note: We also provide the benefits seen here when billed by an outpatient facility.

See Section 5(f) or 5(f)(a), *Prescription Drug Benefits*, for your cost-shares and limitations for drugs associated with IVF.

Note: The covered AI procedures and associated drugs listed in this section, and the prescription drugs associated with ART procedures are not subject to the $25,000 annual maximum.

Note: Prior approval required.

Standard Option - You Pay
Preferred: 15% of the Plan allowance (deductible applies), and any amount over the $25,000 annual maximum

Participating: 35% of the Plan allowance (deductible applies), and any amount over the $25,000 annual maximum

Non-participating: 35% of the Plan allowance, (deductible applies), plus any difference between our allowance and the billed amount, and any amount over the $25,000 annual maximum

Basic Option - You Pay
All charges

Benefit Description
Not covered:

- *All related donor expenses including but not limited to the cost of donor sperm or oocytes*
- *Fallopian tube ligations and vasectomy reversals*
- *Services determined to be not medically necessary*
- S*ervices, supplies, or drugs provided to individuals not enrolled in this Plan, including surrogates*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges