
2025 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
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Benefit Description

Family Planning

A range of voluntary family planning services, including:

- Contraceptive counseling
- Diaphragms and contraceptive rings
- Injectable contraceptives
- Intrauterine devices (IUDs)
- Implantable contraceptives
- Salpingectomy
- Tubal ligation or tubal occlusion/tubal blocking procedures only
- Vasectomy

Notes:

- We also provide benefits for professional services associated with tubal ligation/occlusion/blocking procedures, vasectomy, and with the fitting, insertion, or removal of the contraceptives including counseling and follow-up care as shown on the previous page. The contraceptive benefit includes at least one option in each of the HRSA-supported categories of contraception (as well as the screening, education, and follow-up care). Any voluntary sterilization surgery that is not already available without cost-sharing can be accessed through the contraceptive exceptions process. Simply visit www.fepblue.org, type in family planning and look for the exception form under our voluntary family planning services, or you may call the number on the back of your ID card

and request a form. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact contraception@opm.gov.

- 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.
- See additional Family Planning and Prescription drug coverage in Section 5(f).

You Pay

Preferred: Nothing (no deductible)

Non-preferred (Participating/Non-participating): You pay all charges

Benefit Description

- Oral and transdermal contraceptives

Note: We waive your cost-share for generic oral and transdermal contraceptives when you purchase them at a Preferred retail pharmacy; see Section 5(f).

You Pay

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

Benefit Description

Not covered:

- *Reversal of voluntary surgical sterilization*
- *Contraceptive devices not described above*
- *Over-the-counter (OTC) contraceptives, except as described in Section 5(f)*

You Pay

All charges

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