

Reproductive Services

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 Reproductive Services

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

Benefit Description

Reproductive Services

Members who meet our definition of infertility in section 10, are eligible for the following reproductive services:

- 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), *Prescription Drug Benefits*, for your cost-shares associated with drugs for covered AI procedures.

- We cover one year of sperm and egg storage, including procurement procedures, only for individuals facing iatrogenic infertility, once per lifetime. We also provide the benefits seen here when billed by a facility. See Section 3 for prior approval requirements. See Section 10 for our definition of iatrogenic infertility.

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

You Pay

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

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

Benefit Description

Not covered: The services listed below are not covered as treatments for infertility or as alternatives to conventional conception:

- *Assisted reproductive technology (ART), including but not limited to:*
 - *In vitro fertilization (IVF)*
 - *Embryo transfer and gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT)*
 - *Intracytoplasmic sperm injection (ICSI)*
- *Services, procedures, and/or supplies that are related to ART and assisted insemination procedures except as described above*
- *Cryopreservation or storage of sperm (sperm banking), eggs, or embryos except as described above*
- *Preimplantation diagnosis, testing, and/or screening, including the testing or screening of eggs, sperm, or embryos*
- *Drugs used in conjunction with ART and assisted insemination procedures except as described above and in Section 5(f) Prescription Drug Benefits*
- *Services, supplies, or drugs provided to individuals not enrolled in this Plan including surrogates*

You Pay
All charges