
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

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 charge

Benefit Description

Allergy Care

- Allergy testing

- Allergy treatment
- Allergy injections
- Sublingual allergy desensitization drugs as licensed by the U.S. FDA
- Preparation of each multi-dose vial of antigen
- Agents, drugs, and/or supplies administered or obtained in connection with your care

Note: See earlier in this section for applicable office visit copayment.

You Pay

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

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

Note: When care is provided by a Non-preferred laboratory and/or radiologist, as stated in Section 3 for an exception, you pay:

- Participating laboratories or radiologists: 30% of the Plan allowance (deductible applies)
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