

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
**Page 50**

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**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)*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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**Benefit Description****Reproductive Services**

Members meeting our definition of infertility found 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), Prescription Drug Benefits, for your cost-shares associated with oral/injectable medications 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

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**Benefit Description****Assisted reproductive technologies (ART)**

Members meeting our definition of infertility, found 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 a facility.

See Section 5(f), *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 maximum

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

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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

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**Benefit Description**

*Not covered:*

- *All related donor expenses including but not limited to the cost of donor sperm or oocytes*

**Standard Option - You Pay**

All charges

**Basic Option - You Pay**

All charges

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*Reproductive Services - continued on next page*