

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
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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

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

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

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*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Reproductive Services - continued on next page