

2025 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.

Note: 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, *Other services*, for prior approval requirements. See Section 10 for our definition of iatrogenic infertility.

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: 30% 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*
- *Fallopian tube ligations and vasectomy reversal*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

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