

**2026 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**

**Family Planning**

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

**Benefit Description**

**Family Planning**

A range of voluntary family planning services, without cost-sharing, that includes at least one form of contraception in each of the categories in the HRSA-supported guidelines. This list includes:

- Contraceptive counseling
- Diaphragms and contraceptive rings
- Injectable contraceptives
- Intrauterine devices (IUDs)
- Implantable contraceptives
- Salpingectomy
- Tubal ligation or tubal occlusion/tubal blocking procedures only
- Vasectomy
- Oral and transdermal contraceptives

**Notes:**

- We also provide benefits for professional services associated with tubal ligation/occlusion/blocking procedures, vasectomy, and with the fitting, insertion, or removal of the contraceptives as shown on the previous page including counseling and follow-up care at the payment levels shown here. The contraceptive benefit includes at least one option in each of the HRSA-supported categories of contraception (as well as the screening, education, and follow up care). Any voluntary sterilization surgery that is not already available without cost-sharing can be accessed through the contraceptive exceptions process. Simply visit [www.fepblue.org](http://www.fepblue.org), type in family planning and look for the exception form under our voluntary family planning services, or you may call the number on the back of your ID card and request a form. If you have difficulty accessing contraceptive coverage or other reproductive healthcare,

you can contact [contraception@opm.gov](mailto:contraception@opm.gov).

- When billed by a facility for reasons other than contraception, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.
- See additional Family Planning and Prescription drug coverage in Section 5(f).

### **You Pay**

Preferred: Nothing (no deductible)

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

### **Benefit Description**

- Oral and transdermal contraceptives

Note: We waive your cost-share for generic oral and transdermal contraceptives when they are being used for contraception. When used for other purposes, you pay the cost-share seen here.

### **You Pay**

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

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

### **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)*

### **You Pay**

*All charges*