

## 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

Page 45

#### 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.

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(s).

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

### **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: