

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**

**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals**

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**Benefit Description**

**Organ/Tissue Transplants**

**Related transplant services:**

- Extraction or reinfusion of blood or marrow stem cells as part of a covered allogeneic or autologous transplant
- Harvesting, immediate preservation, and storage of stem cells when the autologous blood or marrow stem cell transplant has been scheduled or is anticipated to be scheduled within an appropriate time frame for patients diagnosed at the time of harvesting with one of the conditions previously listed

Note: Benefits are available for charges related to fees for storage of harvested autologous blood or marrow stem cells related to a covered autologous stem cell transplant that has been scheduled or is anticipated to be scheduled within an appropriate time frame. No benefits are available for any charges related to fees for long-term storage of stem cells.

- Collection, processing, storage and distribution of cord blood only when provided as part of a blood or marrow stem cell transplant scheduled or anticipated to be scheduled within an appropriate time frame for patients diagnosed with one of the conditions previously listed
- Covered medical and hospital expenses of the donor, when we cover the recipient
- Covered services or supplies provided to the recipient
- Donor screening tests for non-full sibling (such as unrelated) potential donors, for any full sibling potential donors, and for the actual donor used for transplant

Note: See Section 5(a) for coverage for related services, such as chemotherapy and/or radiation therapy and drugs administered to stimulate or mobilize stem cells for covered transplant procedures.

**You Pay**

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

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

## Benefit Description

### Travel benefits:

Members who receive covered care at a **Blue Distinction Center for Transplants** for one of the transplants listed can be reimbursed for incurred travel costs related to the transplant, subject to the criteria and limitations described here.

**You must obtain prior approval for travel benefits** (see Section 3).

### You Pay

We reimburse costs for transportation (air, rail, bus, and/or taxi) and lodging if you live 50 miles or more from the facility, up to a maximum of \$5,000 per transplant for the member and companions. Reimbursement is subject to IRS regulations.

## Benefit Description

### Not covered:

- *Any transplant not listed as covered and transplants for any diagnosis not listed as covered*
- *Transplants performed in a facility other than the type of facility required for the particular transplant*
- *Donor screening tests and donor search expenses, including associated travel expenses, except as defined above*
- *Implants of artificial organs, including those implanted as a bridge to transplant and/or as destination therapy, other than medically necessary implantation of an artificial heart as previously described*
- *Implantation of an artificial heart in a facility not designated as a Blue Distinction Center for Heart Transplant*
- *Allogeneic pancreas islet cell transplantation*
- *Travel costs related to covered transplants performed at facilities other than Blue Distinction Centers for Transplants; travel costs incurred when prior approval has not been obtained; travel costs outside those allowed by IRS regulations, such as food-related expenses*

### You Pay

*All charges*