

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

Surgical Procedures (cont.)

Not covered:

- *Services of a standby physician*
- *Routine surgical treatment of conditions of the foot (See Section 5(a), Foot care.)*
- *Cosmetic surgery*
- *LASIK, INTACS, radial keratotomy, and other refractive surgery*
- *Surgeries related to sexual inadequacy (except surgical placement of penile prostheses to treat erectile dysfunction)*
- *Surgical procedures for the treatment of severe obesity when performed outside a Blue Distinction Center*
- *Sex-Trait Modification: If you are mid-treatment under this plan, within a surgical or chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria, for services for which you received coverage under the 2025 Plan brochure, you may seek an exception to continue care for that treatment. If you have questions about the exception process, contact us using the customer service phone number listed on the back of your ID card. If you disagree with our decision, please see Section 8 of this brochure for the disputed claims process. Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for diagnosed gender dysphoria.*

You Pay

All charges

Benefit Description

Reconstructive Surgery

Reconstructive surgical procedures, limited to:

- Surgery to correct a functional defect
- Surgery to correct a congenital anomaly (See Section 10 for definition)
- Treatment to restore the mouth to a pre-cancer state
- All stages of breast reconstruction surgery following a mastectomy, such as:
 - Surgery to produce a symmetrical appearance of the patient's breasts
 - Treatment of any physical complications, such as lymphedemas

Notes:

- Internal breast prostheses are paid as orthopedic and prosthetic devices; see Section 5(a). See Section 5(c) when billed by a facility.
- If you need a mastectomy, you may choose to have the procedure performed on an inpatient basis and remain in the hospital up to 48 hours after the procedure.
- Surgery for placement of penile prostheses to treat erectile dysfunction

You Pay

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

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

Benefit Description

Not covered:

- *Cosmetic surgery – any operative procedure or any portion of a procedure performed primarily to improve physical appearance through change in bodily form – unless required for a congenital anomaly or to restore or correct a part of the body that has been altered as a result of accidental injury, disease, or surgery (does not include anomalies related to the teeth or structures supporting the teeth) (See Section 5(d) for Accidental Injury benefits)*
- *Surgeries related to sexual dysfunction or sexual inadequacy (except surgical placement of penile prostheses to treat erectile dysfunction)*

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