

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

Surgical Procedures

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

Benefit Description

Surgical Procedures

A comprehensive range of services, such as:

- Operative procedures
- Assistant surgeons/surgical assistance if required because of the complexity of the surgical procedures
- Treatment of fractures and dislocations, including casting
- Routine pre- and post-operative care by the surgeon
- Corneal transplant
- Correction of amblyopia and strabismus
- Colonoscopy, with or without biopsy
Note: Preventive care benefits apply to the professional charges for your first covered colonoscopy of the calendar year (see Section 5(a)). We provide benefits as described here for subsequent colonoscopy procedures performed by a professional provider in the same year.
- Endoscopic procedures
- Injections
- Biopsy procedures
- Removal of tumors and cysts
- Correction of congenital anomalies
- Treatment of burns
- Male circumcision

- Insertion of internal prosthetic devices. See Section 5(a), *Orthopedic and Prosthetic Devices*, and “Other hospital services and supplies” in Section 5(c), *Inpatient Hospital*, for our coverage for the device.
- **Procedures to treat severe obesity** when you meet the clinical criteria listed in our medical policy at www.fepblue.org/legal/policies-guidelines for any initial and subsequent surgery (prior approval required).

Notes:

- For surgical family planning procedures, see *Family Planning* in Section 5(a).
- Surgical services to treat severe obesity must be performed in a Blue Distinction Center for Comprehensive Bariatric Surgery.
- When multiple surgical procedures that add time or complexity to patient care are performed during the same operative session, the Local Plan determines our allowance for the combination of multiple or incidental surgical procedures. Generally, we will allow a reduced amount for procedures other than the primary procedure.
- We do not pay extra for “incidental” procedures (those that do not add time or complexity to patient care).
- When unusual circumstances require the removal of casts or sutures by a physician other than the one who applied them, the Local Plan may determine that a separate allowance is payable

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 sterilization*
- *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