2024 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 Page 57

Benefit Description

Surgical Procedures (cont.)

• 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 and gender affirming surgeries specifically listed as covered)

- *Reversal of gender affirming surgery*
- Surgical procedures for the treatment of severe obesity when performed outside a Blue Distinction Center

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, page <u>130</u>, 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
- Gender affirming surgical benefits are limited to the following:
 - For female to male surgery: mastectomy (including nipple reconstruction), hysterectomy, vaginectomy, salpingo-oophorectomy, metoidioplasty, phalloplasty, urethroplasty, scrotoplasty, facial gender affirming surgery (limited to forehead lengthening, cheek augmentation, rhinoplasty, jaw reshaping, chin contouring, Adam's apple enhancement (thyroid cartilage enhancement or implant), pitch lowering masculinization voice surgery, cosmetic fillers, botulinum toxin, fat grafting,

and liposuction), electrolysis (hair removal at the covered operative site), and placement of testicular and erectile prosthesis

You Pay

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

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

Reconstructive Surgery - continued on next page

Go to page <u>56</u>. Go to page <u>58</u>.