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**2024 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**  
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**Benefit Description**

**Family Planning (cont.)**

Family planning services for men, limited to:

- Vasectomy

**Notes:**

- We also provide benefits for professional services associated with tubal ligation/occlusion/blocking procedures, vasectomy, and with the fitting, insertion, or removal of the contraceptives as shown on the previous page.
- When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

**You Pay**

Preferred: Nothing (no deductible)

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

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**Benefit Description**

- Oral and transdermal contraceptives

Note: We waive your cost-share for generic oral and transdermal contraceptives when you

purchase them at a Preferred retail pharmacy; see Section 5(f).

### You Pay

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

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

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### Benefit Description

*Not covered:*

- *Reversal of voluntary surgical sterilization*
- *Contraceptive devices not described above*
- *Over-the-counter (OTC) contraceptives, except as described in Section 5(f)*

### You Pay

*All charges*

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### 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)

#### Correction, 3/19/2024

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.

- We cover one year of sperm and egg storage, including procurement procedures, only for individuals facing iatrogenic infertility, once per lifetime. We also provide the benefits seen here when billed by a facility. See Section 3 for prior approval requirements. See Section 10 for our definition of iatrogenic infertility.

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

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### **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)*

### **You Pay**

*All charges*

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*Reproductive Services - continued on next page*

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