2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals

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Benefit Description

Surgical Procedures (cont.)

Note: 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.

Note: We do not pay extra for "incidental" procedures (those that do not add time or complexity to patient care).

Note: 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.

Note: For surgical family planning procedures, see Family Planning in Section 5(a).

Standard Option - You Pay See prior page

Basic Option - You Pay See prior page

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
 – 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)

- LASIK, INTACS, radial keratotomy, and other refractive surgery
- Surgeries related to sexual inadequacy (except surgical placement of penile prostheses to treat erectile dysfunction)
- Surgery for Sex-Trait Modification to treat gender dysphoria
 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 on your
 exception, 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.

Standard Option - You Pay All charges

Basic Option - You Pay All charges