

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5. Benefits****Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals  
Reproductive Services**

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

**Benefit Description****Reproductive Services**

Members who meet our definition of infertility in Section 10, are eligible for the following reproductive services once prior approval has been obtained:

- Artificial insemination (AI)
  - Intracervical insemination (ICI)
  - Intrauterine insemination (IUI)
  - Intravaginal insemination (IVI)

Note: We also provide the benefits seen here when these services are billed by an outpatient facility. See Section 5(f) or 5(f)(a) (Prescription drug benefits) for your cost-shares associated with drugs for covered AI procedures.

Fertility preservation for iatrogenic infertility:

- Procurement of sperm or eggs including medical, surgical, and pharmacy claims associated with retrieval;
- Cryopreservation of sperm and mature oocytes; and
- Cryopreservation storage costs for one year.

Note: See other sections in this brochure for benefits associated with any other services performed to diagnose and treat the cause of infertility.

**Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

**Basic Option - You Pay**

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Preferred: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

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### Benefit Description

**Assisted reproductive technologies (ART)** – Members who meet our definition of infertility in Section 10 are eligible for ART services, limited to \$25,000 paid annually.

Note: We also provide the benefits seen here when billed by an outpatient facility.

See Section 5(f) or 5(f)(a), *Prescription Drug Benefits*, for your cost-shares and limitations for drugs associated with IVF.

Note: The covered AI procedures and associated drugs listed in this section, and the prescription drugs associated with ART procedures are not subject to the \$25,000 annual maximum.

Note: Prior approval required.

### Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies), and any amount over the \$25,000 annual maximum

Participating: 35% of the Plan allowance (deductible applies), and any amount over the \$25,000 annual maximum

Non-participating: 35% of the Plan allowance, (deductible applies), plus any difference between our allowance and the billed amount, and any amount over the \$25,000 annual maximum

### Basic Option - You Pay

All charges

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### Benefit Description

*Not covered:*

- *All related donor expenses including but not limited to the cost of donor sperm or oocytes*
- *Fallopian tube ligations and vasectomy reversals*
- *Services determined to be not medically necessary*
- *Services, supplies, or drugs provided to individuals not enrolled in this Plan, including surrogates*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*