

**2023 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****Reproductive Services**

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

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

Diagnosis of infertility, limited to:

- Diagnostic services
- Laboratory tests
- Diagnostic tests
- Agents, drugs, and/or supplies administered or obtained in connection with your care
- We cover one year of sperm and egg storage for individuals facing iatrogenic infertility, once per lifetime. We provide the benefits seen here when billed by a facility. See page [21](#) for prior approval requirements. See Section 10 for our definition of iatrogenic infertility.

**Note:** See Section 5(a) for covered labs, diagnostic tests, and X-rays.

**You Pay**

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

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

**Note:** When care is provided by a Non-preferred laboratory and/or radiologist, as stated on page [18](#) for an exception, you pay:

- Participating laboratories or radiologists: 30% of the Plan allowance (deductible applies)
- Non-participating laboratories or radiologists: 30% of the Plan allowance, plus any difference between our allowance and the billed amount (deductible applies)

**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) and assisted insemination procedures, including but not limited to:*
  - *Artificial insemination (AI)*
  - *In vitro fertilization (IVF)*
  - *Embryo transfer and gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT)*
  - *Intravaginal insemination (IVI)*
  - *Intracervical insemination (ICI)*
  - *Intracytoplasmic sperm injection (ICSI)*
  - *Intrauterine insemination (IUI)*
- *Services, procedures, and/or supplies that are related to ART and assisted insemination procedures*
- *Cryopreservation or storage of sperm (sperm banking), eggs, or embryos except as described above*
- *Preimplantation diagnosis, testing, and/or screening, including the testing or screening of eggs, sperm, or embryos*
- *Drugs used in conjunction with ART and assisted insemination procedures*
- *Drugs to treat infertility*
- *Services, supplies, or drugs provided to individuals not enrolled in this Plan*

**You Pay**

*All charges*