

**2026 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**

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)

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.

**You Pay**

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

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

**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)*
- *Services, procedures, and/or supplies that are related to ART and assisted insemination procedures except as described above*
- *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 except as described above and in Section 5(f), or 5(f)(a) if applicable, Prescription Drug Benefits*
- *Services, supplies, or drugs provided to individuals not enrolled in this Plan including surrogates*

**You Pay**

*All charges*