2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals

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

Reconstructive Surgery

- Surgery to correct a functional defect
- Surgery to correct a congenital anomaly
- Treatment to restore the mouth to a pre-cancer state
- All stages of breast reconstruction surgery following a mastectomy, such as:
    - Surgery to produce a symmetrical appearance of the patient's breasts
    - Treatment of any physical complications, such as lymphedemas

      Note: Internal breast prostheses are paid as orthopedic and prosthetic devices; see Section 5(a). See Section 5(c) when billed by a facility.

      Note: If you need a mastectomy, you may choose to have the procedure performed on an inpatient basis and remain in the hospital up to 48 hours after the procedure.
- Surgery for placement of penile prostheses to treat erectile dysfunction

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

Note: You may request prior approval and receive specific benefit information in advance for surgeries to be performed by Non-participating physicians when the charge for the surgery will be **$5,000 or more**. See Section 3 for more information.

Basic Option - You Pay

Preferred: $150 copayment per performing surgeon, for surgical procedures performed in an office setting

Preferred: $200 copayment per performing surgeon, for surgical procedures performed in all other settings

Note: Your provider will document the place of service when filing your claim for the procedure(s). Please contact the provider if you have any questions about the place of service.

Benefit Description

Not covered:

- *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)*

- *Surgery for Sex-Trait Modification to treat gender dysphoria*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges