**2027 Blue Cross and Blue Shield Service Benefit Plan**
**FEP Blue Standard and FEP Blue Basic**
**Section 5(a). Medical Services and Supplies 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**

**Family Planning**
A range of voluntary family planning services, without cost-sharing, that includes at least one form of contraception in each of the categories in the HRSA-supported guidelines. This list includes:

- Contraceptive counseling
- Diaphragms and contraceptive rings
- Intrauterine devices (IUDs)
- Salpingectomy
- Surgically implanted contraceptives
- Tubal ligation or tubal occlusion/tubal blocking procedures only
- Vasectomy
- Oral and transdermal contraceptives

Note: We also provide benefits for professional services associated with tubal ligation/occlusion/blocking procedures, vasectomy, and with the fitting, insertion, implantation, or removal of the contraceptives listed above including counseling and follow-up care at the payment levels shown here. The contraceptive benefit includes at least one option in each of the HRSA-supported categories of contraception (as well as the screening, education, counseling, and follow-up care). Any voluntary sterilization surgery that is not already available without cost-sharing can be accessed through the contraceptive exceptions process. Simply visit www.fepblue.org, type in family planning and look for the exception form under our voluntary family planning services, or you may call the number on the back of your ID card and request a form. Once we have been contacted with exception request information sufficient for us to make a determination, you will receive a response within 24 hours or the next business day. Contraceptive exception requests are not subject to Section 8, *The Disputed Claims Process*. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact contraception@opm.gov.

Note: When billed by a facility for any reason other than contraception, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the

facility.

Note: See additional Family Planning and Prescription drug coverage in Section 5(f).

**Standard Option - You Pay**
Preferred: Nothing (no deductible)

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**
Preferred: Nothing

Participating/Non-participating: You pay all charges

**Benefit Description**

- Oral and transdermal contraceptives
  Note: We waive your cost-share for generic oral and transdermal contraceptives when they are being used for contraception. When used for other purposes, you pay the cost-share seen here.

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

**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**
Preferred: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

**Benefit Description**
*Not covered:*

- *Reversal of voluntary surgical sterilization*

- *Contraceptive devices not described above*
- *Over-the-counter (OTC) contraceptives, except as described in Section 5(f)*

**Standard Option - You Pay**
*All charges*

**Basic Option - You Pay**
*All charges*