
2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
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Benefit Description

Maternity Care (cont.)

- *Tocolytic therapy and related services except as previously described*
- *Maternity care for members not enrolled in the Service Benefit Plan*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Benefit Description

Family Planning

A range of voluntary family planning services for women, limited to:

- Contraceptive counseling
- Diaphragms and contraceptive rings
- Injectable contraceptives
- Intrauterine devices (IUDs)

- Implantable contraceptives
- Tubal ligation or tubal occlusion/tubal blocking procedures only

Family planning services for men, limited to:

- Vasectomy

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 at the payment levels shown 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: 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 you purchase them at a Preferred retail pharmacy or for Standard Option members and for Basic Option members with primary Medicare Part B, through the Mail Service Prescription Drug Program. See Section 5(f) for more information.

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: 30% 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

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