

**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option  
Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other  
Healthcare Professionals  
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**Benefit Description**

**Organ and Tissue Transplants (cont.)**

- Harvesting, immediate preservation, and storage of stem cells when the autologous blood or marrow stem cell transplant has been scheduled or is anticipated to be scheduled within an appropriate time frame for patients diagnosed at the time of harvesting with one of the conditions listed in this section

Note: Benefits are available for charges related to fees for storage of harvested autologous blood or marrow stem cells related to a covered autologous stem cell transplant that has been scheduled or is anticipated to be scheduled within an appropriate time frame. No benefits are available for any charges related to fees for long term storage of stem cells.

- Collection, processing, storage, and distribution of cord blood only when provided as part of a blood or marrow stem cell transplant scheduled or anticipated to be scheduled within an appropriate time frame for patients diagnosed with one of the conditions listed in this section
- Covered medical and hospital expenses of the donor, when we cover the recipient
- Covered services or supplies provided to the recipient
- Donor screening tests for non-full sibling (such as unrelated) potential donors, for any full sibling potential donors, and for the actual donor used for transplant

Note: See Section 5(a) for coverage for related services, such as chemotherapy and/or radiation therapy and drugs administered to stimulate or mobilize stem cells for covered transplant procedures.

**Standard Option - You Pay**

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## Basic Option - You Pay

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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.

Note: If you receive the services of a co-surgeon, you pay a separate copayment for those services, based on where the surgical procedure is performed. No additional copayment applies to the services of assistant surgeons.

Participating/Non-participating: You pay all charges

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## Organ/Tissue Transplants at Blue Distinction Centers for Transplants<sup>®</sup>

We participate in the Blue Distinction Centers for Transplants Program for the organ/tissue transplants listed below.

Members who choose to use a Blue Distinction Center for Transplants for a covered transplant only pay the \$350 per admission copayment under Standard Option, or the \$250 per day copayment (\$1,500 maximum) under Basic Option, for the transplant period. See Section 10 for the definition of “transplant period.” Members are not responsible for additional costs for included professional services.

Regular benefits (subject to the regular cost-sharing levels for facility and professional services) are paid for pre- and post-transplant services performed in Blue Distinction Centers for Transplants before and after the transplant period and for services unrelated to a covered transplant.

**All members (including those who have Medicare Part A or another group health insurance policy as their primary payor) must contact us at the customer service phone number listed on the back of their ID card before obtaining services.** You will be referred to the designated Plan transplant coordinator for information about Blue Distinction Centers for Transplants.

- Heart (adult and pediatric)
- Kidney (adult and pediatric)
- Liver (adult and pediatric liver alone; adult only for combination liver-kidney)
- Single or double lung (adult only)

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