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**2025 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**  
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**Benefit Description**

**Family Planning (cont.)**

- Tubal ligation or tubal occlusion/tubal blocking procedures only
- Vasectomy

**Notes:**

- We also provide benefits for professional services associated with tubal ligation/occlusion/blocking procedures, vasectomy, and with the fitting, insertion, or removal of the contraceptives as shown on the previous page 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, 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](http://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. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact [contraception@opm.gov](mailto:contraception@opm.gov).
- 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.
- See additional Family Planning and Prescription drug coverage in Section 5(f) or 5(f)(a).

**You Pay**

Preferred: Nothing (no deductible)

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

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### 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; see Section 5(f).

### You Pay

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

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

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### 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)*

### You Pay

*All charges*

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### 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.

- We cover one year of sperm and egg storage, including procurement procedures, only for individuals facing iatrogenic infertility, once per lifetime. We also provide the benefits seen here when billed by a facility. See Section 3 for prior approval requirements. See Section 10 for our definition of iatrogenic infertility.

### **You Pay**

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

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

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*Reproductive Services - continued on next page*

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