
2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals

Page 56

Benefit Description

Surgical Procedures (cont.)

- When unusual circumstances require the removal of casts or sutures by a physician other than the one who applied them, the Local Plan may determine that a separate allowance is payable
- For surgical family planning procedures, see *Family Planning* in Section 5(a).

You Pay

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

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

Benefit Description

Not covered:

- *Reversal of voluntary sterilization*
- *Services of a standby physician*
- *Routine surgical treatment of conditions of the foot (See Section 5(a), Foot care.)*
- *Cosmetic surgery*
- *LASIK, INTACS, radial keratotomy, and other refractive surgery*

- *Surgeries related to sexual inadequacy (except surgical placement of penile prostheses to treat erectile dysfunction and gender affirming surgeries specifically listed as covered)*
- *Reversal of gender affirming surgery*
- *Surgical procedures for the treatment of severe obesity when performed outside a Blue Distinction Center*

You Pay

All charges

Benefit Description

Reconstructive Surgery

Reconstructive surgical procedures, limited to:

- Surgery to correct a functional defect
 - Surgery to correct a congenital anomaly (See Section 10 for definition)
 - 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
- Notes:
- Internal breast prostheses are paid as orthopedic and prosthetic devices; see Section 5(a). See Section 5(c) when billed by a facility.
 - 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
 - **Gender affirming surgical benefits** are limited to the following:
 - Breast augmentation, clitoroplasty, electrolysis (hair removal at any covered operative site), facial surgery (limited to Adam's apple enhancement/reduction,

botulinum toxin, cheek reshaping, chin reshaping, cosmetic fillers, face lift, fat grafting, forehead reshaping, hair transplant, jaw reshaping, liposuction, and rhinoplasty), voice surgery (pitch lowering or raising surgery/Wendler glottoplasty), hysterectomy, labiaplasty, mastectomy (including nipple reconstruction and suction-assisted chest lipectomy), metoidioplasty, orchiectomy, penectomy, phalloplasty, salpingo-oophorectomy, scrotoplasty, testicular and erectile prosthesis placement, urethroplasty, vaginectomy, vaginoplasty

You Pay

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

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

Reconstructive Surgery - continued on next page

Go to page [55](#). Go to page [57](#).