

2023 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/Tissue Transplants (cont.)

Blood or marrow stem cell transplants for the diagnoses as indicated below, **only** when performed as part of a clinical trial that meets the facility criteria described on page [69](#) and the **requirements** listed on page [74](#):

- Allogeneic blood or marrow stem cell transplants for:
 - Breast cancer
 - Colon cancer
 - Epidermolysis bullosa
 - Glial tumors (e.g., anaplastic astrocytoma, choroid plexus tumors, ependymoma, glioblastoma multiforme)
 - Ovarian cancer
 - Prostate cancer
 - Renal cell carcinoma
 - Retinoblastoma
 - Rhabdomyosarcoma
 - Sarcoma
 - Wilm's tumor
- Autologous blood or marrow stem cell transplants for:
 - Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)
 - Chronic myelogenous leukemia

- Glial tumors (e.g., anaplastic astrocytoma, choroid plexus tumors, ependymoma, glioblastoma multiforme)
- Retinoblastoma
- Rhabdomyosarcoma
- Wilm's tumor and other childhood kidney cancers

Note: If a non-randomized clinical trial for a blood or marrow stem cell transplant listed above meeting the **requirements** shown on page [74](#) is not available, we will arrange for the transplant to be provided at an approved transplant facility, if available.

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: \$150 copayment per performing surgeon, for surgical procedures performed in an office setting

Preferred: \$200 copayment per performing surgeon, for surgical procedures performed in all other settings

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

Organ/Tissue Transplants - continued on next page

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