

**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.)**

- Primary immunodeficiencies (e.g., severe combined immunodeficiency, Wiskott-Aldrich syndrome, hemophagocytic lymphohistiocytosis, X-linked lymphoproliferative syndrome, Kostmann's syndrome, leukocyte adhesion deficiencies)

Note: See pages [69-70](#) for the prior approval and facility requirements that apply to **blood or marrow stem cell transplants**.

Note: Refer to pages [73-75](#) for information about **blood or marrow stem cell transplants covered only in clinical trials**.

**Standard Option - You Pay**

See previous page

**Basic Option - You Pay**

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**Benefit Description**

**Autologous blood or marrow stem cell transplants** for the diagnoses as indicated below:

- Acute lymphocytic or non-lymphocytic (i.e., myelogenous) leukemia
- Central nervous system (CNS) embryonal tumors (e.g., atypical teratoid/rhabdoid tumor, primitive neuroectodermal tumors (PNETs), medulloblastoma, pineoblastoma, ependymoblastoma)
- Ewing's sarcoma
- Germ cell tumors (e.g., testicular germ cell tumors)
- High-risk neuroblastoma

- Hodgkin's lymphoma
- Non-Hodgkin's lymphoma (e.g., Waldenstrom's macroglobulinemia, B-cell lymphoma, Burkitt lymphoma)
- Plasma cell disorders (e.g., multiple myeloma, amyloidosis, polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes (POEMS) syndrome)
- Scleroderma

Note: See pages [69-70](#) for the prior approval and facility requirements that apply to **blood or marrow stem cell transplants**.

Note: Refer to pages [73-75](#) for information about **blood or marrow stem cell transplants covered only in clinical trials**.

### **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

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*Organ/Tissue Transplants - continued on next page*

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