

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Abortion

## Benefit

Coverage for Pregnancy termination (Abortion) is a covered benefit if referred by the Primary Care Physician (PCP) Women’s Principal Health Care Provider (WPHCP). In the case of IPAs that do not retain the responsibility for abortion referrals the HMO must refer for the procedure.

Effective Jan 1, 2024: Coverage for FDA approved abortifacients are in benefit with no member cost share. This includes drugs approved by the FDA that are prescribed for off-label use, and follow-up services related to that coverage, including but not limited to management of side effects, medication self-management or adherence counseling, risk reduction strategies, and mental health counseling. Abortifacients are defined as any medication administered to terminate a pregnancy as prescribed /ordered by a healthcare professional. Proof of pregnancy is not required for abortifacients.

Paid by	Professional Charges (including drug charges for abortifacients approved by the FDA that are prescribed for off-label use. )	IPA (if referred by IPA) HMO (if referred by HMO)
	Facility Charges	HMO

## Coverage and IPA Variations

Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

Certain employer groups do not provide any coverage for abortion in their HMO contract. **Eligibility for benefit should be predetermined in all cases.**

IPAs vary in retention of responsibility for abortion referrals. If the IPA does not retain the responsibility for abortion referrals, members should be directed to call 312-653-6600 for a referral for abortion.