

Blood and Blood Plasma

Benefit Coverage

Blood and blood plasma are covered when provided as part of covered and authorized services including inpatient hospital care, ambulatory surgery, and emergency services.

Blood and blood plasma are covered in full whether or not they are replaced.

The blood and blood plasma, administration and processing (including preparation, storage and transportation) of the blood and blood plasma are covered.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

Examples of Covered Services

- Autologous Blood (The patient's own blood which is frozen and stored prior to need)
- Plasma
- Whole Blood

References

Combined Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement

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