



Coverage

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium.

Plans with additional Infertility include: Infertility Treatment - Artificial Insemination or Ovulation Induction: Coverage is limited to 6 courses of treatment for AI and 6 courses of treatment for OI per lifetime.

Advanced Reproductive Technology: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details. Coverage is limited to IVF for fertility preservation. GIFT is limited to 2 cycles per lifetime.

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A



Coverage

Diagnosis and treatment of underlying medical cause of Infertility is covered for all plans.

Rider

Infertility Rider available. \$2,000 lifetime maximum for services (in- and out-of-network combined) for the following: Medications given in a doctor’s office, Reconstructive Surgery, except for sterilization reversal, artificial insemination, supplies and appliances, IVF, GIFT, ZIFT. Separate \$1,500 lifetime maximum for drugs prescribed for treatment of infertility.

Rider Cost

\$90 per employee per month, regardless of area or age.

Rider Lifetime Maximum

\$2,000 for services, and separate \$1,500 for infertility drugs, per member.

Rider Benefit

50% coinsurance. Benefits are subject to deductible and accrue to the OOP max.

Rider Exclusions

See EOC



Coverage

Offer HMO and PPO/HSA/HDHP plans with and without Infertility.

Plans with Infertility include: Six (6 lifetime) natural (without ovum [egg] stimulation) artificial inseminations, three (3 lifetime) stimulated (with ovum [egg] stimulation) artificial inseminations, one(lifetime) GIFT, cryopreservation is limited to one (lifetime) retrieval and one year of storage.

PPO & HSA/HDHP Plans: Services are subject to the Calendar Year Medical Deductible and do count towards the Calendar Year Out-of-Pocket Maximum.

EXCLUDES: Assisted Reproductive Technology and associated services related to ICSI, ZIFT, IVF and more.

Services are not subject to any applicable deductible and do not count towards the Calendar Year Out-of-Pocket Maximum.

Rider

Available on all plans. Coverage in-network for:

- Natural/Stimulated AI
- Cryopreservation
- Prescription drugs

Rider Cost

Cost will be applied per enrollee per month, and varies by plan and age (including children).

Rider Lifetime Maximum

Lifetime limit of:

- 6 natural/3 stimulated AI
- 1 GIFT
- 1 Cryopreservation of embryo, oocytes, ovarian tissue, and sperm (1 retrieval & 3 year storage per person/lifetime)

Rider Benefit

HMO & PPO Plans

50% coinsurance. Benefits not subject to medical deductible and do not accrue to OOP Max.

PPO Savings Plans (HSA)

50% coinsurance. Benefits are subject to medical deductible and accrue to OOP Max.

Rider Exclusions

ZIFT; IVF; ICSI; surrogacy services; the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member; and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.



Coverage

<https://www.wordandbrown.com/getmedia/2f8d0c32-f4f9-4766-ba77-fc72727a17cd/5972.pdf>

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A



Coverage

HMO:

Plans are offered with or without Infertility benefits

Plans with Infertility include: \$8,500 Lifetime benefit maximum for medical benefits, \$1,500 lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits DO NOT apply to out-of-pocket maximum for HMO plans.

PPO & HSA:

Plans are offered with or without Infertility benefits

Plans with Infertility include: \$2,000 Lifetime benefit maximum for medical benefits, separate \$2,000 Lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits do not apply to the calendar year out-of-pocket maximum (with the exception of HDHP plans).

Rider

Available on all plans. Coverage in-network for:

- Artificial Insemination
- Gamete intrafallopian transfer (GIFT)
- Follicle ultrasounds
- Sperm washing
- Prescription drugs (oral)
- Office visits (Professional services)
- Inpatient and outpatient care
- Treatment by injections
- Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility

Rider Cost

Rates will vary by rating region and age. If the employer chooses the infertility benefit, all plans offered will have the infertility benefit and the additional premium will be applied to each person on the policy.

Rider Lifetime Maximum

HMO Plans

\$8,500 for medical, \$1,500 for prescription benefits.

PPO Plans

\$2,000 for medical, \$2,000 for prescription benefits.

Rider Benefit

50% coinsurance. Benefits do not apply to the OOP Max (except on PPO HDHP plans)

Rider Exclusions

- Conception by medical procedures (IVF and ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT; services or supplies (including injections and injectable medications) which prepare the member to receive these services
- The collection, storage or purchase of sperm
- Gamete or embryo storage
- Use of frozen gametes or embryos to achieve future conception
- Pre-implantation genetic diagnosis
- Donor eggs, sperm or embryos
- Gestational carriers (surrogates)



Coverage

HMO:

Infertility benefits can be added for an additional cost for 20+ groups AND Kaiser is the sole carrier.

Covered services include: services for diagnosis and treatment of infertility, artificial insemination and GIFT (limited to one treatment per lifetime).

EXCLUDES: All other services related to conception by artificial means and services to reverse voluntary, surgically induced infertility.

Covered at 50% coinsurance with no annual maximum. Benefits are not subject to deductible and do not accrue to the out-of-pocket maximum, except for HDHPs.

PPO:

\$1,000 per year maximum for treatment of infertility, including GIFT. **EXCLUDES:** IVF.

HSA:

Same benefits as HMO, except benefits are subject to any Medical deductible and accrue to out-of-pocket maximum.

Rider

Available to groups with 20+ FTE.

Kaiser must be the sole carrier

Coverage in-network for:

- Services for diagnosis and treatment of infertility
- Artificial Insemination
- Services for gamete intrafallopian transfer (GIFT), limited to one treatment cycle per lifetime

Rider Cost

Cost is built into the plan and varies by age and plan design. Must be quoted by Kaiser.

Rider Lifetime Maximum

GIFT procedures up to 1 treatment cycle per lifetime

Rider Benefit

50% coinsurance. Benefits aren't subject to deductible and do not accrue to the OOP max (exception for HDHPs)

Rider Exclusions

- Services to reverse voluntary, surgically induced infertility
- All other services related to conception by artificial means (except for GIFT), such as:
 - In vitro fertilization (IVF)
 - Zygote intrafallopian transfer (ZIFT)
 - Ovum transplants
- Procurement and storage of semen and eggs

SHARP Health Plan

Coverage

Infertility benefits can be added for an additional cost for 20+ groups.

Rider

Available on HMO to groups with 20+ eligible employees.

Coverage in-network for:

- Artificial Insemination (AI)
- Assisted Reproductive Technologies (ART) (GIFT)
- Provider-administered medications
- Self-administered outpatient prescription medication

Rider Cost

\$15.09 per member per month.

Rider Lifetime Maximum

- AI services up to Lifetime maximum of 3 inseminations
- GIFT procedures up to Lifetime maximum of 3 cycles
- Provider-administered medications directly associated with the covered ART procedures up to Lifetime max of 3 cycles
- Self-administered medications for Infertility treatment up to Lifetime max of 3 cycles.

Rider Benefit

50% coinsurance of the Plan's scheduled or contracted rate of payment, whichever is less. Rider benefits do not accrue toward deductible or OOP max

Rider Exclusions

- The collection, preservation or purchase of sperm, ova or embryos
- Services relating to cryo preservation
- Reversal of voluntary sterilization
- Services include, but are not limited to, Assisted
- Hatching, blastocyst transfer, Intracytoplasmic Sperm
- Injections (ICSI), multi-cell embryo transfer (TET), ZIFT
- Any service, procedure or process that prepares the
- member for non-covered ART procedure



Coverage

All plans cover standard fertility preservation services when a covered treatment may directly or indirectly cause iatrogenic infertility.

HMO plans (non-Plus plans): Infertility treatment is not covered.

HMO Plus plans:

Coverage in-network for:

- Services, supplies and drugs to diagnose and treat involuntary infertility, including consultations, examinations, diagnostic tests, procedures, surgery, gamete intrafallopian transfer (GIFT), and drug therapy, subject to the Exclusions and Limitations described below.

Cost Share is 50% coinsurance and does not accrue to the annual out-of-pocket maximum.

Limitations:

1. Intrauterine Insemination (IUI) is limited to three (3) cycles per Member’s lifetime
2. The following advanced reproductive technologies (ART) procedures are limited to one (1) per Member’s lifetime:
 - In-vitro fertilization (IVF) with embryo transfer
 - » GIFT
 - » Zygote intra-fallopian transfer (ZIFT)
 - » Tubal embryo transfer (TET)
 - » Pronuclear stage tubal embryo transfer (PROUST)

EXCLUSIONS

1. Services and supplies to reverse voluntary infertility, including, but not limited to, reversals of vasectomy, tubal ligation or other surgically-induced infertility, or to treat infertility following reversal procedures
2. Services and supplies related to donor sperm and sperm retrieval, freezing and storage
3. Services and supplies related to oocyte (egg) freezing and storage

4. Services and supplies related to surrogacy or gestational carriers if prenatal and postpartum care is covered by the intended parent(s)
5. Intracytoplasmic Sperm Injection (ICSI) for non-donor sperm failing to meet male factor infertility criteria
6. Treatment of female sterility in which a donor egg would be necessary (e.g., post-menopausal syndrome)
7. Experimental and investigational diagnostic studies, procedures and drugs used to determine the cause of infertility or to treat infertility

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A



Coverage

HMO , PPO & HSA:

Infertility is not a standard benefit. Groups need to elect infertility coverage. Pending complete details.

State Navigate Plans:

Infertility coverage limited to \$2,000 per covered person per lifetime at the plan's coinsurance.

Rider

Available on all HMO and PPO plans. Coverage for:

HMO:

- Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI))
- Gamete Intrafallopian Transfer (GIFT)
- Clomid and other approved injectable medications and syringes

PPO:

- Ovulation induction (or controlled ovarian stimulation)
- Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI))
- Assisted Reproductive Technologies (ART)
- Pharmaceutical Products for the treatment of infertility that are administered on an outpatient basis in a Hospital, Alternate Facility, Physician's office, or in the members home

Rider Cost

Premium increase is 3.4% for HMO, 4.9% for PPO.

Rider Lifetime Maximum

HMO

- Insemination Procedures limited to 6 procedures per lifetime (benefit renews if member conceives)
- GIFT limited to 3 cycles or 1 live birth per lifetime

Rider Benefit

50% coinsurance

Rider Exclusions

- Services after a previous elective vasectomy or tubal ligation or sterilization (including reversal)
- IVF, ZIFT and procedures performed in conjunction with advanced infertility procedures
- Intravenous Gamma Globulin (IVIG)
- Treatment of sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome)
- Any costs associated with the collection, preparation, storage of or donor fees for the use of donor sperm that may be used during a course of artificial insemination

Refer to EOC for additional exclusions.