

# Additional Blue Shield Infertility Benefits

## How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix)<sup>1</sup>. Coverage includes authorized professional, hospital, ambulatory surgery center, and ancillary services, as well as injectable drugs administered or prescribed to diagnose and treat the cause of infertility including induced fertilization<sup>2</sup>.

## Coverage Details

The following procedures are limited, per lifetime as shown.

- Six(6) natural (without ovum/egg [oocyte or ovarian tissue] stimulation) artificial inseminations and;
- Three (3) stimulated (with ovum/egg [oocyte or ovarian tissue] stimulation) artificial inseminations and;
- One (1) gamete intrafallopian transfer (GIFT)<sup>3</sup>
- Cryopreservation of sperm/ oocytes/ embryos when retrieved from a covered subscriber, spouse or domestic partner. Benefits include cryopreservation services for a condition which the treating physician anticipates will cause infertility in the future (except when the infertile condition is caused by elective chemical or surgical sterilization procedures). Benefits are limited to one retrieval and one year of storage per person per lifetime

EXCLUDED: in-vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and zygote intrafallopian transfer (ZIFT).

All benefits are subject to a lifetime benefit maximum<sup>4</sup> and copayment.

Health Plans	Copayment
HMO Plans**	50% of the allowable amount
PPO Plans**	50% of the allowable amount

1 If you are an HMO member, services that diagnose and treat the cause of infertility are included in your basic plan benefits. For PPO members, these services are only covered when the group adds "Additional Blue Shield Infertility Benefits" to the Plan.

2 These services are covered only when authorized by Blue Shield, and provided by a Participating Provider (PPO Plans). Procedures must be consistent with established medical practice in treatment of infertility and induced fertilization.

3 This procedure is covered only when performed on a subscriber or covered spouse/ domestic partner.

4 The lifetime benefit maximums for the above described procedures apply to all services related to or performed in conjunction with such procedures.

\*\* Services provided under this benefit are not subject to any applicable calendar year medical deductible and do not accrue to the calendar year out-of-pocket maximum. Services continue to be the member's responsibility after the calendar year out-of-pocket maximum is reached.

This is only a summary for informational purposes. It is not a contract. Please refer to the plan contract and *Evidence of Coverage* for a detailed description of covered benefits and limitations.