Infertility - Additional Benefits

Benefit Coverage

The diagnosis and treatment of the cause of infertility are considered Covered Services under the medical plan benefits. Additional infertility services are Covered Services when defined as a benefit on the member's *Summary of Benefits and Coverage* document. These additional benefits are described in two different levels of coverage through the Base Assisted Reproductive Technology (ART) Benefit Rider and the Additional Assisted Reproductive Technology Benefit Rider (ART) that are a separate purchased benefit.

These additional services must be provided to a covered member with conception in the member as the intended result of the services. Procedures must be consistent with established medical practice in the treatment of infertility and induced fertilization.

Additional benefits include prescribed injectable drugs <u>to stimulate fertility</u>, including needles and syringes, and the following procedures up to a lifetime benefit maximum: (See the members EOC for coverage limitations.)

Base Assisted Reproductive Technology and Additional Assisted Reproductive Technology Benefit Riders include the following:

- Natural artificial inseminations supervised by a physician (without ovum [egg] stimulation).
- Stimulated artificial inseminations (with ovum [egg] stimulation).
- Gamete intrafallopian transfer (GIFT)
- Cryopreservation of sperm/eggs/embryos when retrieved from a subscriber, spouse or covered 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). See member's EOC for benefit limits.

Additional Assisted Reproductive Technology Benefit Rider includes the following: (these are excluded from the Base Assisted Reproductive Technology Benefit Rider)

- Zygote intrafallopian transfer (ZIFT)
- In-vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)

Infertility - Additional Benefits

Benefit Coverage *(cont'd.)*

For the purpose of this optional benefit, infertility is defined as:

The member must be actively trying to conceive and has either:

1. Demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or

2. The inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year of regular sexual relations without contraception.

Infertility optional benefits are not available for Individual and Family Plan (IFP) members.

Note: When services are prior authorized by Blue Shield, within 5 days before the actual date of service, providers MUST confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke their authorization prior to services being rendered based on cancellation of the member's eligibility.

Consult the Blue Shield HMO for a complete list of covered medications that are provided in the physician's office or for home self-administration and confirm medication coverage.

Copayment

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

Benefit Exclusions

Infertility services are not provided for Base Assisted Technology Reproductive Technology:

- Intracytoplasmic sperm injection (ICSI)
- Zygote intrafallopian transfer (ZIFT)
- In vitro fertilization (IVF)

Infertility - Additional Benefits

Benefit Exclusion for both Base and Additional Assisted Technology Reproductive Technology include the following:

- Services received from non-participating providers.
- Sexual dysfunction or sexual inadequacies except as provided for treatment of organically based conditions, for which Covered Services are provided only under the medical benefits portion of the *Evidence of Coverage (EOC).*
- Services incident to or resulting from procedures for a surrogate mother; however, if the surrogate mother is an enrolled member of a Blue Shield health plan, covered pregnancy and maternity care will be provided to her under her own plan.
- Collection, purchase, or storage of sperm/eggs/frozen embryos, ovarian tissue from donors other than the subscriber or enrolled spouse or domestic partner (if domestic partners are covered by the plan).
- Cryopreservation of embryos, oocytes, ovarian tissue, or sperm from donors other than the member entitled to the benefits under this Infertility Benefit.
- Home ovulation prediction testing kits or home pregnancy tests.
- Microsurgical epididymal sperm aspiration (MESA), percutaneous epididymal sperm aspiration (PESA), and testicular sperm aspiration (TESA) if the member had a previous vasectomy.
- Oral drugs for the treatment of infertility (check with the member's pharmacy benefit).
- Reversal of surgical sterilization and associated services.
- Any services not specifically listed as a Covered Service above.
- Covered Services in excess of the lifetime Benefit maximums.

Benefit Limitations

See member's EOC for benefit/coverage limits.

References

Additional Infertility Services, Supplement to the *Evidence of Coverage* and *Disclosure Form.*

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