

## 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 three different levels of coverage:

- 1) Base Assisted Reproductive Technology (ART) Benefit through Senate Bill 729 (SB 729).

And the following two optional levels of Assisted Reproductive Technology (ART) Benefit Riders, that are separately purchased benefits:

- 2) Base ART Benefit Rider.
- 3) Additional ART Benefit Rider.

### Base ART Benefit

For the Base ART Benefit, infertility is defined as:

- A licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. This definition shall not prevent testing and diagnosis of infertility before the 12-month or 6-month period to establish infertility; or
- A person's inability to reproduce either as an individual or with their partner without medical intervention; or
- The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. For purposes of this definition, "regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having infertility.

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### **Benefit Coverage (cont'd.)**

#### **Base and Additional ART Benefit Riders**

For the optional Base or Additional ART Benefit Riders, infertility is defined as:

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

1. A 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 ART Benefit Riders 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 members' *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

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### Benefit Exclusions

The following infertility services are not provided under the Base ART Benefit Rider:

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

The following infertility services are not provided under both the Base ART Benefit and Additional ART Benefit Rider:

- 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 members' EOC for benefit/coverage limits.

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### Examples of Covered Services

Infertility benefits mandated under SB 729 (Base ART Benefits) include the following medically necessary ART services and additional services for specific lines of business and employer groups who purchased additional ART services above the mandated benefits.

Additional benefits include prescribed injectable drugs to stimulate fertility, including needles and syringes, and the following procedures up to a lifetime benefit maximum. See the members' EOC for coverage limitations.

- Artificial insemination, including intrauterine insemination (IUI);
- Oocyte (egg) retrievals;
- In vitro fertilization (IVF);
- Unlimited embryo transfers;
- Gamete Intrafallopian Transfer (GIFT);
- Zygote Intrafallopian Transfer (ZIFT);
- Cryopreservation storage of sperm, reproductive tissue, oocytes, and embryos;
- Intracytoplasmic sperm injection (ICSI) for male factor infertility;
- Preimplantation genetic testing; and
- Treatment of low sperm count.

Base ART Benefits and the Additional ART Benefit Rider includes 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).

Additional ART Benefit Rider includes the Base ART Benefits as well as the following: (These are excluded from the Base ART Benefit Rider.)

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

## References

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

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