

# Additional Infertility Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

## Blue Shield of California

For the following PPO and HSA-eligible HDHP plans:

Bronze Full PPO 4500/70 OffEx	Bronze Full PPO Savings 5300/40% OffEx
Bronze Tandem PPO 4500/70 OffEx	Bronze Full PPO Savings 6650 OffEx
Bronze Full PPO 6000/65 OffEx	Silver Full PPO Savings 2000/20% OffEx
Gold Full PPO 0/20 OffEx	Silver Tandem PPO Savings 2000/20% OffEx
Gold Full PPO 1200/35 OffEx	Blue Shield Bronze 60 PPO 6300/75 + Child Dental
Gold Full PPO 500/30 OffEx	Blue Shield Gold 80 PPO 0/30 + Child Dental
Gold Full PPO 750/30 OffEx	Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold Tandem PPO 750/30 OffEx	Blue Shield Silver 70 PPO 2000/45 + Child Dental
Platinum Full PPO 0/10 OffEx	
Platinum Tandem PPO 0/10 OffEx	
Platinum Full PPO 250/15 OffEx	
Platinum Tandem PPO 250/15 OffEx	
Silver Full PPO 1700/55 OffEx	
Silver Tandem PPO 1700/55 OffEx	
Silver Full PPO 2000/45 OffEx	
Silver Tandem PPO 2000/45 OffEx	
Bronze Full PPO 6500/50% OffEx	
Bronze Tandem PPO 6500/50% OffEx	

### 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 drugs for the treatment of infertility that are self-administered, and injectable drugs administered or prescribed by the provider during a course of treatment to induce fertilization<sup>2</sup>.

### Coverage Details

The following procedures are limited, per lifetime as shown.

- Six (6) natural (without ovum (oocyte or ovarian tissue (egg)) stimulation) artificial inseminations and;
- Three (3) stimulated (with ovum (oocyte or ovarian tissue) stimulation) artificial inseminations and;
- One (1) gamete intrafallopian transfer (GIFT)
- Cryopreservation of sperm/ oocytes / embryos when retrieved from a member. 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: Services such as, in-vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and zygote intrafallopian transfer (ZIFT) are excluded.

All benefits are also subject to a copayment as follows:

Health Plans	Copayment
	50% of the allow able amount
Bronze Full PPO 4500/70 OffEx Bronze Tandem PPO 4500/70 OffEx Bronze Full PPO 6000/65 OffEx Gold Full PPO 0/20 OffEx Gold Full PPO 1200/35 OffEx Gold Full PPO 500/30 OffEx Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx Silver Full PPO 1700/55 OffEx Silver Tandem PPO 1700/55 OffEx Silver Full PPO 2000/45 OffEx Silver Tandem PPO 2000/45 OffEx Bronze Full PPO 6500/50% OffEx Bronze Tandem PPO 6500/50% OffEx	
Bronze Full PPO Savings 5300/40% OffEx Bronze Full PPO Savings 6650 OffEx Silver Full PPO Savings 2000/20% OffEx Silver Tandem PPO Savings 2000/20% OffEx	
Blue Shield Bronze 60 PPO 6300/75 + Child Dental Blue Shield Gold 80 PPO 0/30 + Child Dental Blue Shield Platinum 90 PPO 0/15 + Child Dental Blue Shield Silver 70 PPO 2000/45 + Child Dental	

1. 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 Preferred Provider. Procedures must be consistent with established medical practice in treatment of infertility and induced fertilization.

This document is only a summary of the Blue Shield Infertility Benefits. It is not a contract. Please see the *Evidence of Coverage* and the plan contact for exact terms and conditions of coverage as well as exclusions and limitations.