Additional Infertility Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

Blue Shield of California

For the following HMO-eligible plans:

- Gold Access+ HMO (R) 500/35 OffEx
- Gold Local Access+ HMO (R) 500/35 OffEx
- Gold Trio HMO 500/35 OffEx
- Gold Access+ HMO (R) 1500/35 OffEx
- Gold Local Access+ HMO (R) 1500/35 OffEx
- Gold Trio HMO 1500/35 OffEx
- Platinum Access+ HMO (R) 0/20 OffEx
- Platinum Local Access+ HMO (R) 0/20 OffEx
- Platinum Trio HMO 0/20 OffEx
- Platinum Access+ HMO (R) 0/25 OffEx
- Platinum Local Access+ HMO (R) 0/25 OffEx
- Platinum Trio HMO 0/25 OffEx
- Platinum Access+ HMO (R) 0/30 OffEx
- Platinum Local Access+ HMO (R) 0/30 OffEx
- Platinum Trio HMO 0/30 OffEx
- Silver Access+ HMO (R) 1975/55 OffEx
- Silver Local Access+ HMO (R) 1975/55 OffEx
- Silver Trio HMO 1975/55 OffEx
- Gold Access+ HMO® 0/30 OffEx
- Gold Local Access+ HMO® 0/30 OffEx
- Gold Trio HMO 0/30 OffEx
- Blue Shield Trio Gold 80 HMO 0/30 + Child Dental
- Blue Shield Trio Platinum 90 HMO 0/15 + Child Dental
- Blue Shield Trio Silver 70 HMO 2000/45 + Child Dental

How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix). 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.

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

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<tr>
<th>Health Plans</th>
<th>Copayment</th>
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<td>Gold Access+ HMO [R] 500/35 OffEx</td>
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</tbody>
</table>

1. These services are only covered when the group adds “Additional Blue Shield Infertility Benefits” to the plan.
2. The Member is entitled to Benefits under this Infertility Benefit. Covered Services for Infertility include all professional, Hospital, ambulatory surgery center, ancillary Services and injectable drugs when authorized by the Primary Care Physician, to a Member covered hereunder to diagnose and treat the cause of Infertility including inducement of fertilization as described herein.

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.
Discrimination is against the law

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California:
• Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
• Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.
If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
Notice of the Availability of Language Assistance Services
Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTÉ: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能读懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。
如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面的 會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。 (Chinese)

QUAN TRỌNG: Quý vị có thể đọc được thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận ở thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngày đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thể ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)


Baa‘ akohwiindzindoogi: Díi naaltsooisísh yínítá’go bínígíhah? Doo bínígíghahgóó éi, naaltsoos ních’í’ yiidóoltahíí tá’ nihee hóóló. Díi naaltsoos aldó’ t’áa Diné k’ehjí ádoolníííl nínizingo bínígíhah. Doo báah ilínígí shiká’ adowoól nínizingó níiñíich’í’ béishe bee hodiíílníi dóó námboo éí díi Blue Shield bee néího’dilziníí bine’déé’ bikáá’ éi doodágó éi (866) 346-7198 jì’ hodíílníí. (Navajo)

 중요: 이 서신을 읽을 수 있으세요? 읽으실 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요. (Korean)

ՓԱՐԱՐՄԱՑՈՒԹՅԱ: Երբեմն էքսպրեսիոն պահ ունիքամի ես երեխայի համար: Եթե չի, պահ մեկ հոգված դնե: Եթե պետք էքսպրեսիոն պահ պահանջում եք ավելի հանդես գծել լինեք: Թուանորեն համար տարածվում եք սենարիոն հեռախոսահամար, որպեսզի այն կարող է ձեր Blue Shield ID պարտ հեռախոս մասունք, կամ (866) 346-7198 համար. (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要：お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)
matter: Why is my plan denied? How can I appeal? Does my plan cover my treatment? Check your plan or contact us.

important: Do I have a copay? Is this covered? How many times can I get this treatment each year? Check your plan or contact us.

departments: If your doctor has more questions, contact us.

teachers: We will report this denial to your plan.

requirements: Are there any additional requirements for me to complete the appeal? Check your plan or contact us.

calls: Have any questions? Call your plan for help.

claims: Your claim has been rejected. Please contact your plan for details.