**Additional Assisted Reproductive Technology Benefits Rider 50%**

**Summary of Benefits**

This Summary of Benefits shows the amount you will pay for Covered Services under this Infertility services Benefit.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Your Payment</th>
<th>When using a Participating Provider</th>
<th>When using a Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility Services</td>
<td>50% of the allowable amount</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Services are not subject to the Calendar Year Medical Deductible and do not count towards the Calendar Year Out-of-Pocket Maximum.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assisted Reproductive Technology (ART) Procedures and Associated Services**

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>BENEFIT MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural artificial inseminations</td>
<td>6/lifetime</td>
</tr>
<tr>
<td>Without ovum [oocyte or ovarian tissue (egg)] stimulation</td>
<td></td>
</tr>
<tr>
<td>Stimulated artificial inseminations</td>
<td>3/lifetime</td>
</tr>
<tr>
<td>With ovum [oocyte or ovarian tissue] stimulation</td>
<td></td>
</tr>
<tr>
<td>Gamete intrafallopian transfer (GIFT)</td>
<td>1/lifetime</td>
</tr>
<tr>
<td>Zygote intrafallopian transfer (ZIFT)</td>
<td>2/lifetime</td>
</tr>
<tr>
<td>In-vitro fertilization (IVF)</td>
<td>2/lifetime</td>
</tr>
<tr>
<td>Intracytoplasmic sperm injection (ICSI)</td>
<td>2/lifetime</td>
</tr>
<tr>
<td>Cryopreservation of embryos, oocytes, ovarian tissue, sperm</td>
<td>1/lifetime</td>
</tr>
</tbody>
</table>

**Lifetime Benefit Maximum**

Lifetime Benefit maximums for the above described procedures apply to all services related to or performed in conjunction with such procedures, such that once the maximums for the above procedures have been reached, no services related to or performed in conjunction with the procedures will be covered.

Benefit Plans may be modified to ensure compliance with State and Federal Requirements.
Introduction

Only the Subscriber, spouse or Domestic Partner is entitled to Benefits under this Infertility Benefit. Covered Services for Infertility include all professional, Hospital, Ambulatory Surgery Center, ancillary services and injectable drugs administered or prescribed by a Participating Provider to a Subscriber, spouse or Domestic Partner for the inducement of fertilization as described herein.

For the purposes of this Benefit, Infertility is:

- a demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or
- the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year of regular sexual relations without contraception.

Benefits

Benefits are provided for a Subscriber, spouse or Domestic Partner who has a current diagnosis of Infertility for a medically appropriate diagnostic work-up and ART procedures.

The Subscriber, spouse or Domestic Partner is responsible for the Copayment or Coinsurance listed for all professional and Hospital services, Ambulatory Surgery Center and ancillary services used in connection with any procedure covered under this Benefit, and injectable drugs administered or prescribed by a Participating Provider to induce fertilization. Procedures must be consistent with established medical practice for the treatment of Infertility and authorized by Blue Shield of California.

No Benefits are provided for services received from Non-Participating Providers.

The Calendar Year Medical Deductible does not apply to these Covered Services, and Coinsurance for these Covered Services do not apply towards the Out-of-Pocket Maximum responsibility.

Exclusions

No Benefits are provided for:

- Services received from Non-Participating Providers;
- Services for or incident to sexual dysfunction and 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 enrolled in a Blue Shield of California health Plan, Covered Services for pregnancy and maternity care for the surrogate mother will be covered under that health Plan;
- Services for collection, purchase or storage of embryos, oocytes, ovarian tissue, or sperm from donors other than the Subscriber, spouse or Domestic Partner entitled to Benefits under this Infertility Benefit;
- Cryopreservation of embryos, oocytes, ovarian tissue, or sperm from donors other than the Subscriber, spouse or Domestic Partner entitled to 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 Subscriber, spouse or Domestic Partner had a previous vasectomy;
- Reversal of surgical sterilization and associated services;
- Any services not specifically listed as a Covered Service, above; or
- Covered Services in excess of the lifetime Benefit maximums.

Benefits are limited to a Subscriber, spouse, or Domestic Partner who has diagnosed Infertility as defined at the time services are provided.

See the Grievance Process portion of your EOC for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your rights to independent medical review.

Please be sure to retain this document. It is not a contract but is a part of your EOC.
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.

IMPORANTE: ¿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)

IMPORTANT: 您能讀懂這封信嗎？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 卡背面上的 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 lá thư này không? Nếu không, chúng tôi có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, quý vị nên gọi ngay đến số điện thoại của Blue Shield ID card, hoặc (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ ákwô índžindoóígí: Díí naaltsoosísh yínítá’go bíníghad? Doo bíníghahgoó éi, naaltsoos nich’í yídóoltahígíi la’ nihee hóló. Díí naaltsoos aldó’ t’áá Diné k’chí ádoolnííl nínízingo bígíghad. (Navajo)

중요: 이 서신을 읽을 수 있세요? 읽을 수 없을 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 전환하세요. (Korean)

ՎԱՀՈՒՆԵՐ: Ծառայություն անվճար է: Եթե կարողանու՞մ եք ստանալ այս նամակնագիրը, հանգեցնե այս հեռախոսահամարի հետ՝ առաջարկության համար: Հեռախոսի՝ (866) 346-7198 (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 на обратной стороне вашей 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)
Blue Shield ID card behind your ear. (866) 346-7198. (English)