

## Infertility - Additional Benefits

### Benefit Coverage

Additional infertility services are covered when defined as a benefit on the member's Blue Shield Health Plan. (The basic plan has limited benefits for the diagnosis and treatment of the cause of infertility.)

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 to stimulate fertility, including needles and syringes and the following procedures up to a lifetime benefit maximum see members EOC for coverage limitations:

- Natural artificial inseminations supervised by a physician (without ovum [egg] stimulation).
- Stimulated artificial inseminations (with ovum [egg] stimulation).
- Gamete intrafallopian transfer (GIFT) is covered even though it is performed in association with the excluded service, intracytoplasmic sperm injection (ICSI).
- 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 benefits limits.

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### 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 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.

Covered for this benefit, the following injectables are generally administered by the patient in the home. These injectables can be provided by a Blue Shield specialty pharmacy who will deliver them to the patient's home. They are not considered to be under the home self-administration benefit category.

<b>Brand Name</b>	<b>Generic Name</b>
Pergonal, Humagon	Menotropins
Metrodin	Urofollitropin
Profasi HIP, APL, Pregnyl,	Chorionic Gonadotropin
Choron	(HCG)
Gonal-F	Follitropin

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.

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### 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:

- Sexual dysfunction or sexual inadequacies
- 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 from donors other than the subscriber or enrolled spouse or domestic partner (if domestic partners are covered by the plan)
- Intracytoplasmic sperm injection (ICSI)
- Zygote intrafallopian transfer (ZIFT)
- In vitro fertilization (IVF)
- Oral drugs for the treatment of infertility

### Benefit Limitations

See member's EOC for benefit/coverage limits.

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### Examples of Covered Services

- Artificial insemination and supporting procedures
- Gamete Intrafallopian Transfer/G.I.F.T.

### Examples of Non-Covered Services

- Services for sexual dysfunction and sexual inadequacies
- Services incident to or resulting from procedures for a surrogate mother who is not covered for maternity services under her own Blue Shield health plan.
- Services for collection, purchase, or storage of sperm/eggs from donors other than the subscriber, enrolled spouse, or domestic partner (if domestic partners are covered by the plan).
- Zygote intrafallopian transfer (ZIFT)
- In vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Infertility services for an individual who is not a member
- Sterilization reversals are excluded as a benefit

### References

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