Blue Shield of California
Endorsement to your Mirrored and Off Exchange HMO Plans

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Evidence of Coverage* (EOC). Please retain it for your records.

Effective **July 1, 2025**, your **Evidence of Coverage** is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Fertility preservation services** section:

   Fertility preservation services are covered for Members undergoing treatment or receiving Covered Services that may directly or indirectly cause iatrogenic Infertility. Under these circumstances, ~~s~~Standard ~~f~~Fertility ~~p~~Preservation ~~s~~Services, including retrieval and cryopreservation and storage of sperm, oocytes, gonadal tissue, and embryos, are a Covered Service and do not fall under the scope of Infertility Benefits described in the *Family Planning and Infertility Benefits* section.

   Blue Shield will provide written notice explaining the covered storage period within 30 business days after receipt of a claim for cryopreservation services.

   Blue Shield will provide written notice 90 calendar days prior to the expiration of the storage periods.

2. The following language has been added to the **Definitions** section:

Standard Fertility Preservation Services	Any of the following services consistent with the current established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine:
	• Retrieval of gametes as follows:
	  ○ A lifetime limit of up to two cycles for oocyte retrieval for enrollees with ovaries.
	  ○ A lifetime limit of up to two attempts to collect sperm for enrollees with testicles.
	• A lifetime limit of up to two attempts of embryo creation. Blue Shield will not cover any costs associated with the retrieval of gametes from anyone other than the Member undergoing the medical treatment that may cause iatrogenic infertility.
	• A lifetime limit of up to two attempts to retrieve gonadal tissue.

- The lifetime limits of this section shall apply to Members regardless of the number of health care service plans the Member enrolls in during their lifetime.
- Cryopreservation and storage of sperm, oocytes, gonadal tissue, and embryos as follows:
    - Until the enrollee reaches age 26 for an enrollee who is under the age 18 on the date the enrollee's genetic material is first cryopreserved.
    - Until the enrollee reaches age 26 or for three years, whichever period is longer, for an enrollee who is 18 years or older but not yet 26 years old on the date the enrollee's genetic material is first cryopreserved.
    - For a period of three years for an enrollee who is 26 years or older at the time the enrollee's genetic material is first cryopreserved.
- With respect to cryopreservation of genetic material, a health care service plan shall have the right to select a storage vendor of its choosing.
- Gonadal shielding or transposition during a procedure or treatment, if not already included in the usual coverage for that procedure or treatment.
- Any other standard fertility preservation services consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

3. The following language has been added to the **Notices about your plan** section

Notice about fertility preservation services: You have a right to receive standard fertility preservation services for iatrogenic infertility when you meet the requirements in Section 1300.74.551 of Title 28 of the California Code of Regulations. "Iatrogenic infertility" means infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medical treatment. If Blue Shield fails to arrange those services for you with an appropriate provider who is in the health plan's network, the health plan must cover and arrange needed services for you from an out-of-network provider. If that happens, you will pay no more than in-network costsharing for the same services.

If you do not need the services urgently, your health plan must offer an appointment for you that is no more than 10 business days for primary care and 15 business days for specialist care from when you requested the services from the health plan. If you urgently need the services, your health plan must offer you an appointment within 48 hours of your request (if the health plan does not require prior authorization for the appointment) or within 96 hours (if the health plan does require prior authorization).

If your health plan does not arrange for you to receive services within these timeframes and within geographic access standards, you can arrange to receive services from any licensed provider, even if the

provider is not in your health plan's network. If you are enrolled in preferred provider organization (PPO) coverage, and your health plan can arrange care for you within the timeframes and within geographic standards, your voluntary use of out-of-network benefits may subject you to incur out-of-network charges.

If you have questions about how to obtain standard fertility preservation services for iatrogenic infertility or are having difficulty obtaining services you can: 1) call your health plan at the telephone number on your health plan identification card; 2) call the California Department of Managed Care's Help Center at 1-888-466-2219; or 3) contact the California Department of Managed Health Care through its website at www.DMHC.ca.gov to request assistance in obtaining standard fertility preservation services for iatrogenic infertility.

NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Service at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Servicio al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。