

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:

- Ultimate Full PPO for Small Business 0
- Ultimate Full PPO for Small Business 150
- Preferred Full PPO for Small Business 0
- Preferred Full PPO for Small Business 750
- Enhanced Full PPO for Small Business 1250
- Enhanced Full PPO for Small Business 2000
- Basic Full PPO for Small Business 4500
- Basic Exclusive PPO for Small Business
- Enhanced Full PPO for HSA for Small Business 2000
- Basic Full PPO for HSA for Small Business 3500
- Basic Full PPO for HSA for Small Business 5500

How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix¹). Coverage includes authorized professional, hospital, ambulatory surgery center, and ancillary services, as well as Specialty Drugs prescribed to diagnose the cause and treatment of infertility².

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 covered Subscriber, spouse or 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). Benefits are limited to one retrieval and one year of storage per person per lifetime.
- EXCLUDED: in-vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and zygote intrafallopian transfer (ZIFT).

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All benefits are also subject to a copayment as follows:

Health Plans	Copayment
Ultimate Full PPO for Small Business 0 ³	50% of the allowable amount
Ultimate Full PPO for Small Business 150 ³	
Preferred Full PPO for Small Business 0 ³	
Preferred Full PPO for Small Business 750 ³	
Enhanced Full PPO for Small Business 1250 ³	
Enhanced Full PPO for Small Business 2000 ³	
Basic Full PPO for Small Business 4500 ³	
Basic Exclusive PPO for Small Business ³	
Enhanced Full PPO for HSA for Small Business 2000 ⁴	
Basic Full PPO for HSA for Small Business 3500 ⁴	
Basic Full PPO for HSA for Small Business 5500 ⁴	

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.
3. These infertility benefits are not subject to any applicable calendar-year medical deductible and do not accrue to the calendar-year out-of-pocket maximum. Services continue to be the member's responsibility after the calendar-year out-of-pocket maximum of the health plan is reached.
4. These infertility benefits are subject to any applicable calendar-year medical deductible but do not accrue to the calendar-year out-of-pocket maximum. Services continue to be the member's responsibility after the calendar-year out-of-pocket maximum of the health plan is reached.

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.

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