



Infertility Services

Cision US, Inc.

What is covered under my plan?

Your plan has a lifetime maximum of \$25,000 for infertility services that combines medical services and medications under the prescription drug card program.

- **Infertility services includes** care, services and supplies rendered for the evaluation and treatment of infertility. Benefits include impregnation procedures, such as but not limited to artificial insemination, in-vitro fertilization, embryo and fetal implementation, GIFT (Gamete Intrafallopian Transfer) Transfer, ZIFT (Zygote Intrafallopian Transfer), low tubal ovum transfer and intracytoplasmic sperm injection.

What is infertility?

Infertility is the inability to conceive a child after one year of unprotected sexual intercourse, the inability to conceive after one year of attempts to produce conception, the inability to conceive after an individual is diagnosed with a condition affecting fertility, or the inability to attain or maintain a viable pregnancy or sustain a successful pregnancy. The one year requirement will be waived if your physician determines that a medical condition exists that makes conception impossible through unprotected sexual intercourse including, but not limited to:

- Congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal due to a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments
- Efforts to conceive as a result of one year of medically based and supervised methods of conception, including artificial insemination, have failed and are not likely to lead to a successful pregnancy.

Unprotected sexual intercourse means sexual union between a male and female without the use of any process, device or method that prevents conception including, but not limited to, oral contraceptives, chemicals, physical or barrier contraceptives, natural abstinence or voluntary permanent surgical procedures and includes appropriate measures to ensure the health and safety of sexual partners.

Benefits for treatments that include egg retrievals will be covered only if you have been unable to attain or sustain a successful pregnancy through reasonable, less costly, medically appropriate infertility treatments. However, this requirement may be waived if a medical conditions prevents these from being effective.

Benefits will also be provided for medical expenses for procedures used to retrieve oocytes or sperm and the subsequent procedure to transfer the oocytes or sperm to the covered person. Associated donor medical expenses are also covered, including, but not limited to, physical examinations, laboratory screenings, psychological screenings and prescription drugs.

If an oocyte donor is used, retrieval will count as one completed oocyte retrieval. Following the final completed oocyte retrieval, benefits will be provided for one subsequent procedure to transfer the oocytes or sperm to the covered person.

Benefits will not be provided for the following:

- Services or supplies rendered to a surrogate, except that costs for procedures to obtain eggs, sperm or embryos from the covered person will be covered if a surrogate is used.
- Selected termination of an embryo; provided, however, termination will be covered where the mother's life would be in danger if all embryos were carried to full term.
- Expenses incurred for cryo-preservation or storage of sperm, eggs or embryos, except for those procedures which use a cryo preserved substance.
- Non-medical costs of an egg or sperm donor.
- Travel costs for travel within 100 miles of the covered person's home or travel costs not medically necessary or required by your plan.
- Infertility treatments which are deemed experimental/investigational, in writing, by the American Society for Reproductive Medicine or the American College of Obstetricians or Gynecologists.
- Infertility treatment rendered to dependents under age 18.

In addition to the above provisions, in-vitro fertilization, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer, low tubal ovum transfer and intracytoplasmic sperm injection procedures must be performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in-vitro fertilization clinics or to the American Society for Reproductive Medicine minimal standards for programs of in-vitro fertilization.

Eligible expenses will be payable as shown in your medical schedule of benefits.

Additional questions?

If you have any questions, your Quantum Health[®] Care Coordinators are here to help! Just call at the number on your ID card.