

**University of California's** Family Building Benefit will include up to Two (2) "Cycles" of IVF-Egg Retrievals as lifetime maximum (LTM) of this membership for *Eligible Covered Members (Employee, Spouse, Child Dependent)*. The fertility benefit is available to all eligible members with a diagnosis of infertility.

*Eligible Covered Members* in need of medical services to achieve pregnancy would have access to the Family Building Benefit. By applying the most medically appropriate treatments, access to care is intended to reduce risks and costs. In order to access and maximize this benefit, prior authorization by the Medical Management Program is required prior to initiation of medical treatment for family building. Failure to initiate preauthorization of services for each service will result in a denial of benefits. Coverage is subject to available benefit at time of claim submission. Out of pocket responsibilities may be applicable and should be verified prior to initiating services.

**Included** - The following are covered under this benefit:

1. Timed Intercourse & Intrauterine Insemination (IUI) Cycles
  - a. With or without stimulation with oral agents (e.g., clomiphene citrate, letrozole).
2. Assisted Reproductive Technologies (ART):
  - a. Monitoring of ovarian stimulation by ultrasound and related hormone assays
  - b. Two (2) In Vitro Fertilization (IVF) Oocyte retrievals
  - c. Embryology services to include: oocyte identification, sperm identification, in vitro fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), embryo culture, embryo thaw, embryo preparation for transfer, embryo cryopreservation.
3. ART related services
  - a. Oocyte Thaw cycles and Frozen Embryo Transfer (FET) cycles (including use of donor eggs and donor embryos)
  - b. Oocyte cryopreservation cycles including one year of storage from the initial date of cryopreservation when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)
  - c. Sperm cryopreservation including one year of storage from the initial date of cryopreservation when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)
  - d. Embryo Biopsy for Preimplantation Genetic Testing (PGT), Preimplantation Genetic Testing (PGD) and Preimplantation Genetic Screening (PGS) subject to Anthem medical guidelines
  - e. Storage of cryopreserved embryos for up to one year beginning from the initial date of cryopreservation
4. Infertility Specialty Medications Lifetime Maximum amount
  - a. Fertility specialty medications for the Eligible Covered Member

**Benefit Specifics:**

All frozen embryos (or all euploid frozen embryos, if PGS was performed) stored after a completed cycle with ovarian stimulation should be utilized prior to coverage availability for another ovarian stimulation cycle for IVF (unless the *coverage* is for a fertility preservation cycle) when clinically appropriate. Embryo transfer guidelines per the American Society of Reproductive Medicine (ASRM) should be followed for all embryo transfers (fresh and frozen cycles) and elective single embryo transfer should be utilized when clinically appropriate.

**Exclusions:** The following services are **not** covered:

- a. Gonadotropin or menotropin stimulated ovulation induction cycles including monitoring of Timed Intercourse and IUI cycles unless member has a diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism, or after member has not ovulated or conceived after a prior trial of 3 cycles or clomiphene citrate or letrozole.
- b. If a member or the member's partner has undergone an elective sterilization procedure, they are not eligible for benefits unless they undergo a successful reversal and thereafter met DOI; Or WIN's consulting medical director determines that the reversal of the elective sterilization procedure is not medically indicated or will not improve the likelihood of conception due to multifactorial causes of infertility. Reversal of a sterilization procedure is not covered.
- c. Experimental or Investigational medical and surgical procedures.
- d. Services which are not medically appropriate.

- e. Expenses for Surrogacy and fees associated with surrogacy.
- f. Expenses for **procuring** Donated Oocytes or Sperm, including all medical expenses, travel expenses, agency, laboratory and donor fees, psychological screening, FDA testing for the donor and partner, genetics screening and all medications for the donor (e.g. suppression medications, stimulation medications)
- g. Services which are not listed as covered in this benefit.