blue california

Assisted Reproductive Technology Rider

Group Rider
PSP

ART PSP 0%/50%
Summary of Benefits

This Summary of Benefits shows the amount you will pay for Covered Services under this assisted reproductive technology Benefit.

Benefits	Your Payment			
	When using a Participating Provider	**CYD applies**	**When using a Non-Participating Provider**	**CYD applies**
Assisted reproductive technology (ART) procedures and associated services	$0		50% of the allowable amount	
Physician or surgeon services in an Outpatient Facility	$0	✔	50%	✔
Artificial Inseminations limited to 6 per lifetime	$0	✔	50%	✔
Oocyte (egg) retrieval limited to 1 per lifetime				
Ambulatory Surgery Center	$0	✔	50%	✔
Outpatient Department of a Hospital	$0	✔	50%	✔
Sperm retrieval limited to				
Ambulatory Surgery Center	Not covered		Not covered	
Outpatient Department of a Hospital	Not covered		Not covered	
In vitro fertilization (IVF) limited to	Not covered		Not covered	
Gamete Intrafallopian Transfer (GIFT) limited to 1 per lifetime				
Ambulatory Surgery Center	$0	✔	50%	✔
Outpatient Department of a Hospital	$0	✔	50%	✔
Zygote Intrafallopian Transfer (ZIFT) limited to				
Ambulatory Surgery Center	Not covered		Not covered	

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Outpatient Department of a Hospital	Not covered		Not covered	
Embryo transfer				
Ambulatory Surgery Center	$0	✔	50%	✔
Outpatient Department of a Hospital	$0	✔	50%	✔
Cryopreservation limited to 1 year of storage per Calendar Year per retrieval for each of the following: sperm, reproductive tissue, oocytes (eggs), and embryos	$0	✔	50%	✔

Lifetime Benefit Maximum

Lifetime Benefit maximums for the above described procedures apply to all services related to or performed in conjunction with such procedures, such that once the maximums for the above procedures have been reached, no services related to or performed in conjunction with the procedures will be covered.

Benefit Plans may be modified to ensure compliance with State and Federal Requirements.

PENDING REGULATORY APPROVAL

Introduction

Only the Member is entitled to Benefits under this assisted reproductive technology Benefit. Covered Services for Infertility include all professional, Hospital, Ambulatory Surgery Center, ancillary services and injectable drugs administered by a Participating Provider to a Member for the inducement of fertilization as described herein.

For the purposes of this Benefit, Infertility is:

- A licensed Physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. This definition shall not prevent testing and diagnosis of Infertility before the 12-month or 6-month period to establish Infertility in paragraph (3);
- A person's inability to reproduce either as an individual or with their partner without medical intervention; or
- The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. For purposes of this definition, "regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having Infertility.

Benefits

Benefits are provided for a Member who meets the definition of Infertility for a medically appropriate diagnostic work-up and ART procedures.

The Member is responsible for the Copayment or Coinsurance listed for all professional and Hospital services, Ambulatory Surgery Center and ancillary services used in connection with any procedure covered under this Benefit, and injectable drugs administered by a Participating Provider to induce fertilization. Self-administered Drugs prescribed to induce fertilization are covered at the applicable Drug tier Copayment or Coinsurance under the *Prescription Drug Benefits* section of the Evidence of Coverage. Procedures must be consistent with established medical practice for the treatment of Infertility and authorized by Blue Shield of California.

This Benefit is subject to the Calendar Year Deductible. Cost Share for these services applies towards the Subscriber's Out-of-Pocket Maximum amount.

Exclusions

No Benefits are provided for:

- ART and associated services related to intracytoplasmic sperm injection (ICSI);
- ART and associated services related to zygote intrafallopian transfer (ZIFT);
- ART and associated services related to in vitro fertilization (IVF);

- Services for or incident to sexual dysfunction and sexual inadequacies, except as provided for treatment of organically based conditions, for which Covered Services are provided only under the medical Benefits portion of the Evidence of Coverage (EOC);

- Services incident to or resulting from procedures for a surrogate mother. However, if the surrogate mother is enrolled in a Blue Shield of California health Plan, Covered Services for pregnancy and maternity care for the surrogate mother will be covered under that health Plan;
- Services for collection, purchase or storage of embryos, oocytes, ovarian tissue, or sperm from donors other than the Member entitled to Benefits under this assisted reproductive technology Benefit;
- Cryopreservation of embryos, oocytes, ovarian tissue, or sperm from donors other than the Member entitled to Benefits under this assisted reproductive technology Benefit;
- Home ovulation prediction testing kits or home pregnancy tests;
- Microsurgical epididymal sperm aspiration (MESA), percutaneous epididymal sperm aspiration (PESA), and testicular sperm aspiration (TESA) if the Member had a previous vasectomy;
- Reversal of surgical sterilization and associated services;
- Any services not specifically listed as a Covered Service, above; or
- Covered Services in excess of the lifetime Benefit maximums.

Notice about Infertility and fertility services

You have a right to receive treatment for infertility and fertility services when you meet the requirements in Health and Safety Code section 1374.55.

If you have questions about how to obtain infertility treatment services 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 Health 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 infertility treatment services.

Benefits are limited to a Member who has diagnosed Infertility as defined at the time services are provided.

See the Grievance Process portion of your EOC for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your rights to independent medical review.

Please be sure to retain this document. It is not a contract but is a part of your EOC.

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)**。