

University of California 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*.

The member is encouraged to enroll and services must be preauthorized by calling the WIN Medical Management Program at least two weeks prior to the initiation of hormone treatment services.

Failure to obtain authorization of services will result in a claims denial of benefits.

The fertility benefit is available to all employees and their dependents enrolled in the University of California non-Medicare PPO plans. Cost share (copay, coinsurance, deductible) of the PPO plans' infertility benefit will apply to the services discussed in this document. For more information, please see your UC PPO medical plan documents by visiting this website: <http://ucal.us/facultystaffppo>.

Infertility Services Network

WINFertility administers a **dedicated network of infertility providers** for UC members. This network is considered **in-network** for infertility services under your UC PPO plan. Not all infertility providers participate in the WINFertility network.

Members are strongly encouraged to receive infertility care from **WINFertility-contracted providers** to ensure the highest level of benefit coverage and minimize out-of-pocket expenses. When services are received from WINFertility-contracted providers, payment is based on **negotiated (allowed) charges**, and members are responsible only for applicable copayments, coinsurance, or deductibles.

If you choose to receive infertility services from a **non-contracted provider**, the provider may bill charges that exceed the plan's allowed amount. In such cases, you are responsible for **the difference between the billed charge and the allowed charge**, in addition to any plan benefit cost sharing (deductibles, copays, and coinsurance).

To locate a WINFertility-contracted provider or for assistance with infertility services, contact **WINFertility at (877) 451-3077**.

Infertility Medications

Infertility-related medications are **only covered via Plan benefits when obtained via WINFertility's mail order pharmacy**. These prescriptions are coordinated through your **WINFertility Nurse Care Manager** and the **WINFertility Pharmacy** to ensure timely delivery and proper management of your treatment plan.

When obtained through other mail order or retail pharmacies, infertility medications are **not covered** under your UC plan benefits.

For more information or assistance with obtaining infertility medications, please contact **WINFertility at (877) 451-3077**.

DIAGNOSIS OF INFERTILITY REQUIRED FOR ALL INFERTILITY RELATED SERVICES: The fertility benefit is available to all employees and their dependents with a diagnosis of infertility.

Covered Services for the Two (2) IVF Cycle Lifetime Maximum Benefit Include:

- 1) Diagnostic services for fertility not covered by another source
- 2) Artificial insemination (AI) cycles and timed intercourse cycles
 - a) Natural cycles
 - b) Oral ovulation induction cycles (clomiphene citrate/letrozole)
 - c) Gonadotropin/menotropin cycles only if member has failed three (3) oral ovulation induction cycles or member has diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism
- 3) The following Assisted Reproductive Treatment (ART) cycles and procedures are covered:
- 4) In-Vitro Fertilization (IVF) –Egg Retrieval limited to two (2) per lifetime
- 5) Donor IVF cycle – Recipient Portion Only

- 6) Assisted Hatching
- 7) Oocyte Thaw Cycles (OTC)
- 8) Frozen Embryo Transfer (FET)
- 9) Gamete Intrafallopian Cycle (GIFT)
- 10) Zygote Intrafallopian Transfer (ZIFT)
- 11) Preimplantation Genetic Testing with Embryo Biopsy when the following criteria is met:
 - a) Oocyte from member that is age 35 or older
 - b) Recurrent Pregnancy Loss (two or more unexplained clinical pregnancy losses) or previously diagnosed aneuploid pregnancies or births
 - c) Recurrent implantation failure (three or more failed embryo transfers)
 - d) Both parents are carriers of a recessive single gene autosomal mutation
 - e) One parent is a known carrier of a single gene autosomal dominant or X-linked disease.
 - f) One parent is a known translocation carrier
- 12) Cryopreservation of blastocysts(s) and embryo(s) from covered IVF and OTC cycles with storage for up to one (1) year from the date of the initial cryopreservation.
- 13) 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)
- 14) 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)
- 15) Pathology and laboratory services, including but not limited to:
 - a) Hormonal assays
 - b) Semen analysis, as appropriate
 - c) Ultrasound exams
 - d) Fertilization and appropriate embryology services
 - e) Ova identification
- 16) Male Surgical Procedures for fertility not covered by another source subject to LTM
 - a) PESA, MESA, TESE, or Varicocele repair would use one (1) cycle
- 17) Medications necessary to the provisions above, including parenteral injection, are included for infertility treatment related drugs while the member is a member of this plan and until exhaustion of benefit.

Benefit Specifics:

All frozen embryos (or all euploid frozen embryos, if PGT-A 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.

Note: Once a member has completed Two (2) "cycles" of IVF-Egg Retrievals, the lifetime benefit maximum has been reached for all infertility related services, including Intrauterine Insemination (IUI) services.

A "cycle" is defined by this plan as ovarian stimulation with egg(s) retrieval. Member's will have coverage for two (2) egg retrieval cycles with fertilization of eggs and subsequent embryo transfer for all embryos created from a covered cycle.

EXCLUSIONS:

The following services are excluded from coverage:

- a. **DONOR EXPENSES.**
 - a. **DONOR NOT COVERED:** Related donor expenses for 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).
- b. **VOLUNTARY STERILIZATION EXCLUSION**

- a. **DOI REQUIRED:** If a member 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. Surrogacy /Gestational Carriers and any fees associated with it are not covered under the fertility benefit, please refer to the Adoption and Surrogacy reimbursement benefit. However, note that the medical expenses for any of the member's portion of a treatment cycle is covered even if they are using a surrogate/gestational carrier.
- d. Services not specifically listed as covered.
- e. Artificial Insemination or Timed Intercourse cycles stimulated with Gonadotropin or menotropin (e.g. FSH/IUI cycles) are excluded unless member has diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism, or after member has not ovulated or conceived after a prior trial of 3 cycles of clomiphene citrate or letrozole.
- f. Cost share (copays and coinsurance) for services covered under your UC PPO health plan benefit are excluded.