blue of california

Assisted Reproductive Technology Rider

Group Rider
HMO/POS

Additional Assisted Reproductive Technology Benefits Rider 10K 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 Level I or Participating Provider	**When using a Non-Participating Provider**
Assisted reproductive technology (ART) procedures and associated services	50% of the allowable amount	Not covered

Services are not subject to the Calendar Year Medical Deductible and do not count towards the Calendar Year Out-of-Pocket Maximum.

Lifetime Dollar Limit	Covered Services
There is a dollar limit on the amount Blue Shield will pay for Covered Services in a Member's lifetime.	$10,000

Assisted Reproductive Technology (ART) Procedures and Associated Services	Lifetime Benefit Maximums
Natural artificial inseminations *Without ovum [oocyte or ovarian tissue (egg)] stimulation*	No procedure limit, up to the lifetime dollar limit
Stimulated artificial inseminations *With ovum [oocyte or ovarian tissue] stimulation*	No procedure limit, up to the lifetime dollar limit
Gamete intrafallopian transfer (GIFT)	No procedure limit, up to the lifetime dollar limit
Zygote intrafallopian transfer (ZIFT)	No procedure limit, up to the lifetime dollar limit
In-vitro fertilization (IVF)	No procedure limit, up to the lifetime dollar limit
Intracytoplasmic sperm injection (ICSI)	No procedure limit, up to the lifetime dollar limit
Cryopreservation of embryos, oocytes, ovarian tissue, sperm *Retrieved from a Member. Includes retrieval and storage*	No procedure limit, up to the lifetime dollar limit

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 when authorized by the Primary Care Physician to a Member for the inducement of fertilization as described herein.

For the purposes of this Benefit, Infertility is:

- a demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or
- the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year of regular sexual relations without contraception.

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 the provider to induce fertilization. If your Employer selected the Outpatient Prescription Drug Rider as an optional Benefit, self-administered Drugs prescribed to induce fertilization are covered at the applicable Drug tier Copayment or Coinsurance. Procedures must be consistent with established medical practice for the treatment of Infertility and authorized by the Primary Care Physician.

Benefits are only provided for services received from POS Level I or HMO ParticiatpingProviders.

The Calendar Year Medical Deductible does not apply to these Covered Services, and Cost Share for these Covered Services does not apply towards the Out-of-Pocket Maximum responsibility.

Exclusions

No Benefits are provided for:

- Services received from Non-Participating Providers;
- Outpatient Prescription Drugs prescribed for self-administration, if your Employer did not select the Outpatient Prescription Drug Rider;
- 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.

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 Care 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 Atención 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)**。