

Infertility – Additional Benefit - SFHSS

Benefit Coverage

Additional infertility services are covered for San Francisco Health Service System (SFHSS) members when defined as a benefit on the member's Blue Shield Health Plan. (The basic plan has limited benefits for the diagnosis and treatment of the cause of infertility.)

For the purpose of this benefit, Infertility is defined as:

- 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.

Benefits are provided for a Subscriber, spouse or Domestic Partner who has a current diagnosis of Infertility for a medically appropriate diagnostic work-up and Assisted Reproductive Technology (ART) procedures.

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 Subscriber, spouse or Domestic Partner for the inducement of fertilization as described herein.

Benefits include cryopreservation services for a condition which the treating Physician anticipates will cause Infertility in the future (except when the infertile condition is caused by elective chemical or surgical sterilization procedures). The Subscriber, spouse or Domestic Partner 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 or prescribed by Provider to induce fertilization. Procedures must be consistent with established medical practice for the treatment of Infertility and authorized by a Primary Care Physician.

Infertility – Additional Benefit - SFHSS

Copayment

See the member's *Evidence of Coverage (EOC)*, *Summary of Benefits and Coverage*, and the *Infertility Services Rider* for member copayments.

Benefit Exclusions

Infertility services are not provided for:

- Services received from Non-Participating Providers;
- 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 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 Subscriber, spouse or Domestic Partner entitled to Benefits under this Infertility Benefit;
- Cryopreservation of embryos, oocytes, ovarian tissue, or sperm from donors other than the Subscriber, spouse, or Domestic Partner entitles to Benefits under this Infertility Benefit;
- Home ovulation prediction testing kits or home pregnancy tests;
- Microsurgical epididymal sperm aspirations (MESA), percutaneous epididymal sperm aspiration (PESA), and testicular sperm aspiration (TESA) if the Subscriber, spouse, or Domestic Partner had a previous vasectomy;
- Reversal of surgical sterilization and associated services;
- Any services not specifically listed as a Covered Service in the member's EOC;
- Covered Services in excess of the lifetime Benefit maximums; or
- Services for or incident to a condition which the Subscriber, spouse, or Domestic Partner anticipates may cause Infertility in the future except as described in the Benefit for cryopreservation of embryos, oocytes, ovarian tissue, or sperm.

Infertility – Additional Benefit - SFHSS

Examples of Covered Services

- Assisted Reproductive Technology (ART) Procedures and Associated Services
- Natural artificial inseminations
 - *Without ovum [oocyte or ovarian tissue (egg)] stimulation*
- Stimulated artificial inseminations
 - *With ovum [oocyte or ovarian tissue] stimulation*
- Gamete intrafallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT), or In-vitro fertilization (IVF)
- Intracytoplasmic sperm injection (ICSI)
- Assisted embryo hatching
- Elective single embryo transfer, including preparation of embryo for transfer
- Preimplantation genetic screening for embryo biopsy preimplantation genetic diagnosis (PGD)
- Cryopreservation of embryos, oocytes, ovarian tissue, sperm
 - *Retrieved from the Subscriber, spouse or Domestic Partner. Includes one retrieval and one year of storage per person in a lifetime.*

Infertility – Additional Benefit - SFHSS

References

San Francisco Health Service System Additional Benefits Summary of Benefits