

CA CARRIERS' INFERTILITY COMPARISON

	AETNA	ANTHEM BLUE CROSS
STANDARD COVERAGE		
Coverage Definition	<p><u>Standard & M Plans</u></p> <ul style="list-style-type: none"> Infertility Treatment: Coverage only for the diagnosis and treatment of the underlying medical condition. Advanced Reproductive Technology: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details <p><u>INF Plans</u></p> <ul style="list-style-type: none"> Infertility Treatment: Coverage for the diagnosis and treatment of the underlying medical condition, Artificial Insemination (AI) and Ovulation Induction (OI). Advanced Reproductive Technology: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details 	Coverage only to diagnose and treat the underlying medical condition.
Benefit	Cost share depends on place and type of service.	Standard plan benefits.
Lifetime Maximum	<p><u>Standard & M Plans</u></p> <p>Coverage is limited to IVF for fertility preservation.</p> <p><u>INF Plans</u></p> <p>Coverage is limited to 6 courses of treatment for AI and 6 courses of treatment for OI per lifetime. Coverage is limited to IVF for fertility preservation. GIFT is limited to 2 cycles per lifetime.</p>	N/A
Exclusions	Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in the plan documents.	N/A
OPTIONAL RIDERS		
Optional Rider	None available.	<p>Coverage in and out-of-network for:</p> <ul style="list-style-type: none"> Medications administered in a Physician's office Reconstructive surgery, except for sterilization reversal Artificial insemination Supplies and appliances In vitro, GIFT & ZIFT
Cost	-	\$90 per employee per month, regardless of area or age.
Rider Benefit	-	50% coinsurance. Benefits are subject to deductible and accue to the OOP max.
Lifetime Maximum	-	\$2,000 for services, and separate \$1,500 for infertility drugs, per member.
Exclusions	-	See EOC.

Note: Rider cost is for comparison purposes only and is subject to change at any time.

BLUE SHIELD	CALIFORNIA CHOICE® Anthem Blue Cross Health Net Kaiser Permanente Sharp Health Plan Sutter Health Plus UnitedHealthcare Western Health Advantage
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STANDARD COVERAGE

Coverage Definition	Not covered.	<p><u>Anthem</u> Covered Services include diagnostic tests to find the cause of Infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency).</p> <p><u>All Others</u> Not covered.</p>
Benefit	-	<p><u>Anthem</u> Services are provided on the same basis, at the same cost shares, as any other medical condition.</p>
Lifetime Maximum	-	N/A
Exclusions	-	<p><u>Anthem</u> Assisted reproductive technologies (ART) or the diagnostic tests and Drugs to support it. Examples of ART include artificial insemination, in-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or gamete intrafallopian transfer (GIFT).</p>

OPTIONAL RIDERS

Optional Rider	Available on all plans. Coverage in-network for: <ul style="list-style-type: none"> Natural/Stimulated AI GIFT Cryopreservation Prescription drugs 	None available.
Cost	Cost will be applied per enrollee per month, and varies by plan and age (including children).	-
Rider Benefit	<p><u>HMO & PPO Plans</u> 50% coinsurance. Benefits not subject to medical deductible and do not accrue to OOP Max.</p> <p><u>PPO Savings Plans (HSA)</u> 50% coinsurance. Benefits are subject to medical deductible and accrue to OOP Max.</p>	-
Lifetime Maximum	<p>Lifetime limit of:</p> <ul style="list-style-type: none"> 6 natural/3 stimulated AI 1 GIFT 1 Cryopreservation of embryo, oocytes, ovarian tissue, and sperm (1 retrieval & 1 year storage per person/ lifetime) 	-
Exclusions	ZIFT; IVF; ICSI; surrogacy services; the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member; and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.	-

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COVERED CA FOR SMALL BUSINESS			
	Blue Shield	Kaiser Permanente	Sharp Health Plan
STANDARD COVERAGE			
Coverage Definition	Not covered.	Not covered.	Coverage only to diagnose and treat the underlying medical condition.
Benefit	-	-	50% coinsurance.
Lifetime Maximum	-	-	N/A
Exclusions	-	-	-
OPTIONAL RIDERS			
Optional Rider	Available on PPO only with <20 FTE, and on all plans with 20+ FTE. Coverage in-network for: <ul style="list-style-type: none"> Natural/Stimulated AI GIFT Cryopreservation Prescription drugs 	Available to groups with 20+ FTE. Coverage in-network for: <ul style="list-style-type: none"> Services for diagnosis and treatment of infertility Artificial Insemination Services for gamete intrafallopian transfer (GIFT), limited to one treatment cycle per lifetime 	Available to groups with 20+ FTE. Coverage in-network for: <ul style="list-style-type: none"> Artificial Insemination (AI) Assisted Reproductive Technologies (ART) (GIFT) Provider-administered medications Self-administered outpatient prescription medication
Cost	See quote.	See quote.	See quote.
Rider Benefit	<u>HMO & PPO Plans</u> 50% coinsurance. Benefits not subject to medical deductible and do not accrue to OOP Max. <u>PPO Savings Plans (HSA)</u> 50% coinsurance. Benefits are subject to medical deductible and accrue to OOP Max.	50% coinsurance. Benefits aren't subject to deductible and do not accrue to the OOP max (exception for HDHPs)	50% coinsurance. Benefits are subject to deductible and accrue to the OOP max.
Lifetime Maximum	Lifetime limit of: <ul style="list-style-type: none"> 6 natural/3 stimulated AI 1 GIFT 1 Cryopreservation of embryo, oocytes, ovarian tissue, and sperm (1 retrieval & 1 year storage per person/lifetime) 	<ul style="list-style-type: none"> GIFT procedures up to 1 treatment cycle per lifetime 	<ul style="list-style-type: none"> AI services up to Lifetime maximum of 3 inseminations GIFT procedures up to Lifetime maximum of 3 cycles Provider-administered medications up to Lifetime max of 3 cycles Self-administered medications up to Lifetime max of 3 cycles
Exclusions	ZIFT; IVF; ICSI; surrogacy services; the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member; and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.	<ul style="list-style-type: none"> Services to reverse voluntary, surgically induced infertility All other services related to conception by artificial means (except for GIFT), such as: <ul style="list-style-type: none"> In vitro fertilization (IVF) Zygote intrafallopian transfer (ZIFT) Ovum transplants Procurement and storage of semen and eggs 	<ul style="list-style-type: none"> Services include, but are not limited to, Assisted Hatching, blastocyst transfer, Intracytoplasmic Sperm Injections (ICSI), multi-cell embryo transfer (TET), Zygote Intrafallopian Transfer (ZIFT), and any other procedures that may be employed to bring about conception without sexual intercourse The collection, preservation or purchase of sperm, ova or embryos Services relating to cryo preservation <p>Refer to EOC for additional exclusions.</p>

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HEALTH NET		KAISER PERMANENTE
STANDARD COVERAGE		
Coverage Definition	Coverage only to diagnose and treat the underlying medical condition.	<p><u>HMO Plans</u> Not covered.</p> <p><u>PPO Plans</u> In-network coverage for treatment of infertility, including gamete intrafallopian transfer (GIFT).</p>
Benefit	-	<p><u>PPO Platinum 90, Gold 80, & Silver 70</u> 50% coinsurance. Benefits are subject to deductible and accue to the OOP max.</p> <p><u>PPO Bronze</u> 40% coinsurance. Benefits are subject to deductible and accue to the OOP max.</p>
Lifetime Maximum	-	<p><u>PPO Plans</u> Benefits payable for treatment of infertility are limited to \$1,000 per calendar year for services provided by PHCS network providers.</p>
Exclusions	-	Services to reverse voluntary, surgically induced infertility, IVF and ZIFT. Semen & eggs (& services related to procurement & storage).
OPTIONAL RIDERS		
Optional Rider	Available on all plans. Coverage in-network for: <ul style="list-style-type: none"> Artificial Insemination Gamete intrafallopian transfer (GIFT) Follicle ultrasounds Sperm washing Prescription drugs (oral) Office visits (Professional services) Inpatient and outpatient care Treatment by injections Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility 	Available on HMO to groups with 20+ eligible employees. Kaiser must be the sole carrier. Coverage in-network for: <ul style="list-style-type: none"> Services for diagnosis and treatment of infertility Artificial Insemination Services for gamete intrafallopian transfer (GIFT), limited to one treatment cycle per lifetime
Cost	Cost is built into the plan and varies by age and plan design. Must be quoted by Health Net.	Cost is built into the plan and varies by age and plan design. Must be quoted by Kaiser.
Rider Benefit	50% coinsurance. Benefits do not apply to the OOP Max (except on PPO HDHP plans)	50% coinsurance. Benefits aren't subject to deductible and do not accrue to the OOP max (exception for HDHPs)
Lifetime Maximum	<p><u>HMO Plans</u> \$8,500 for medical, \$1,500 for prescription benefits.</p> <p><u>PPO Plans</u> \$2,000 for medical, \$2,000 for prescription benefits.</p>	<ul style="list-style-type: none"> GIFT procedures up to 1 treatment cycle per lifetime
Exclusions	<ul style="list-style-type: none"> Conception by medical procedures (IVF and ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT; services or supplies (including injections and injectable medications) which prepare the member to receive these serviceshim The collection, storage or purchase of sperm Gamete or embryo storage Use of frozen gametes or embryos to achieve future conception Pre-implantation genetic diagnosis Donor eggs, sperm or embryos Gestational carriers (surrogates) 	<ul style="list-style-type: none"> Services to reverse voluntary, surgically induced infertility All other services related to conception by artificial means (except for GIFT), such as: <ul style="list-style-type: none"> In vitro fertilization (IVF) Zygote intrafallopian transfer (ZIFT) Ovum transplants Procurement and storage of semen and eggs

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SHARP HEALTH PLAN		SUTTER HEALTH PLUS
STANDARD COVERAGE		
Coverage Definition	Coverage only to diagnose and treat the underlying medical condition.	<p>HMO plans: Not covered.</p> <p>HMO Plus plans</p> <p>Coverage in-network for:</p> <ul style="list-style-type: none"> • Services, supplies and drugs to diagnose and treat involuntary infertility • Fertility Preservation Services • Intrauterine Insemination (IUI) • In-Vitro Fertilization (IVF)
Benefit	50% coinsurance.	<p>HMO plans: Not covered.</p> <p>HMO Plus plans</p> <p>50% coinsurance. Benefits are subject to deductible but do not accue to the OOP max.</p>
Lifetime Maximum	N/A	<p>HMO plans: Not covered.</p> <p>HMO Plus plans</p> <ul style="list-style-type: none"> • Intrauterine Insemination (IUI) up to lifetime maximum of 3 cycles • In-Vitro Fertilization (IVF) limited to lifetime maximum of 1 cycle
Exclusions	-	<ul style="list-style-type: none"> • Services and supplies to reverse voluntary infertility • Services and supplies related to donor sperm or sperm preservation for artificial insemination • Frozen embryo transfers, and ZIFT • ICSI, Intracytoplasmic Sperm Injection • Ovum Transfer/Transplants or Uterine Lavage as part of infertility diagnosis or treatment <p>Refer to EOC for additional exclusions.</p>
OPTIONAL RIDERS		
Optional Rider	<p>Available on HMO to groups with 20+ eligible employees.</p> <p>Coverage in-network for:</p> <ul style="list-style-type: none"> • Artificial Insemination (AI) • Assisted Reproductive Technologies (ART) (GIFT) • Provider-administered medications • Self-administered outpatient prescription medication 	None available.
Cost	\$15.09 per member per month.	-
Rider Benefit	50% coinsurance. Benefits are subject to deductible and accue to the OOP max.	-
Lifetime Maximum	<ul style="list-style-type: none"> • AI services up to Lifetime maximum of 3 inseminations • GIFT procedures up to Lifetime maximum of 3 cycles • Provider-administered medications up to Lifetime max of 3 cycles • Self-administered medications up to Lifetime max of 3 cycles 	-
Exclusions	<ul style="list-style-type: none"> • The collection, preservation or purchase of sperm, ova or embryos • Services relating to cryo preservation • Reversal of voluntary sterilization • Services include, but are not limited to, Assisted Hatching, blastocyst transfer, Intracytoplasmic Sperm Injections (ICSI), multi-cell embryo transfer (TET), ZIFT • Any service, procedure or process that prepares the member for non-covered ART procedure 	-

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UNITEDHEALTHCARE

STANDARD COVERAGE

Coverage Definition	Not covered.
Benefit	-
Lifetime Maximum	-
Exclusions	-

OPTIONAL RIDERS

Optional Rider	<p>Available on all HMO and PPO plans. Coverage for:</p> <p><u>HMO</u></p> <ul style="list-style-type: none"> • Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI)) • Gamete Intrafallopian Transfer (GIFT) • Clomid and other approved Injectable medications and syringes <p><u>PPO</u></p> <ul style="list-style-type: none"> • Ovulation induction (or controlled ovarian stimulation) • Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI)) • Assisted Reproductive Technologies (ART) • Pharmaceutical Products for the treatment of infertility that are administered on an outpatient basis in a Hospital, Alternate Facility, Physician's office, or in the members home
Cost	Premium increase is 3.4% for HMO, 4.9% for PPO.
Rider Benefit	50% coinsurance.
Lifetime Maximum	<p><u>HMO</u></p> <ul style="list-style-type: none"> • Insemination Procedures limited to 6 procedures per lifetime (benefit renews if member conceives) • GIFT limited to 3 cycles or 1 live birth per lifetime
Exclusions	<ul style="list-style-type: none"> • Services after a previous elective vasectomy or tubal ligation or sterilization (including reversal) • IVF, ZIFT and procedures performed in conjunction with advanced infertility procedures • Intravenous Gamma Globulin (IVIG) • Treatment of sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome) • Any costs associated with the collection, preparation, storage of or donor fees for the use of donor sperm that may be used during a course of artificial insemination <p>Refer to EOC for additional exclusions.</p>

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WESTERN HEALTH ADVANTAGE

STANDARD COVERAGE

Coverage Definition	Not covered.
Benefit	-
Lifetime Max	-
Exclusions	Infertility services to diagnose, evaluate or treat infertility are not covered.

OPTIONAL RIDERS

Optional Rider	Available on all plans with 20+ eligible employees. Coverage in-network for: <ul style="list-style-type: none"> • Services and supplies for diagnosis and treatment of involuntary infertility • Artificial Insemination (AI) • Gamete Intra-Fallopian Transfer (GIFT) • In-Vitro Fertilization (IVF) • Medications for the treatment of Infertility • Genetic testing and counseling are covered benefits when medically indicated and are not subject to the Infertility Benefit copayments
Cost	\$12.50 per member per month
Rider Benefit	50% coinsurance. Benefits do not accue to the OOP max.
Lifetime Max	“lifetime+” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO: <ul style="list-style-type: none"> • AI: 1 treatment period of up to 3 cycles per lifetime+ • GIFT or IVF: 1 per lifetime+
Exclusions	<ul style="list-style-type: none"> • Services and supplies to reverse voluntary, surgically induced infertility • All services involved in surrogacy, including but not limited to embryo transfers, services and supplies related to donor sperm or sperm preservation for artificial insemination • Frozen embryo transfers and Zygote Intra-Fallopian Transfer (ZIFT) • Intracytoplasmic Sperm Injection (ICSI) • Ovum transfer/transplants or uterine lavage as part of infertility diagnosis or treatment • All services related to the sperm/ovum donor, including collection and storage • Treatment of infertility as a result of previous/prevaling elective vasectomy or tubal ligation, including, but not limited to, procedure reversal attempts and infertility treatment after reversal attempts • Artificial insemination in the absence of a diagnosis of Infertility <p>Refer to EOC for additional exclusions.</p>

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