Sutter Health Plus
Your Health Plan

SUTTER HEALTH PLUS
INFERTILITY SERVICES BENEFIT RIDER

This is an Addendum to your Large Group *Combined Evidence of Coverage and Disclosure Form (EOC)*, describing your coverage for Infertility services. Please keep this Addendum with your *EOC* for future reference. This Addendum is effective June 1, 2024.

COVERED INFERTILITY SERVICES

Your Infertility services benefit includes: services, supplies and drugs for the diagnosis and treatment of Infertility, including consultations, examinations, diagnostic tests, procedures, and drug therapy, subject to the Exclusions and Limitations described below.

DEFINITIONS

***Infertility means*:**

- For Members under the age of 35 years: inability to conceive a pregnancy or carry a pregnancy to a live birth after one year (12 months) of regular intercourse without contraception.
- For Members over the age of 35 years or with a history of oligo/amenorrhea; or with known or suspected uterine/tubal disease or endometriosis: inability to conceive a pregnancy or carry a pregnancy to a live birth after 6 months of regular intercourse without contraception
- For Members: inability to conceive a pregnancy or carry a pregnancy to a live birth after six (6) cycles of artificial donor insemination under medical supervision.
- For Members with other health conditions known to cause Infertility, as recognized by licensed physicians.

COST SHARE

Your Cost Share is: 50% Coinsurance.

Your Cost Share for Infertility services does NOT apply to your annual Out of Pocket Maximum.

All services Medically Necessary and clinically appropriate to diagnose and treat involuntary Infertility, as defined above, including the diagnostic work-up and testing, procedures and services and all drugs are covered at 50% of SHP's contracted prices when referred by your PCP or OB/GYN doctor and authorized by your medical group. Drugs prescribed for the treatment of Infertility are covered at 50% of the contracted prescription cost. You should contact your SHP network Infertility provider directly to obtain your estimated Cost Share for a particular procedure. You may call CVS Caremark® at 1-844-740-0635 to determine your Cost Share for prescription drugs, and SHP Member Services at 1-855-315-5800 (TYY 1-855-830-3500) for other benefit questions.

LIMITATIONS

1. Intrauterine Insemination (IUI) is limited to three (3) cycles per Member's lifetime, as defined in Limitation 3 below.
2. In-Vitro Fertilization (IVF) is limited to one (1) per Member's lifetime, as defined in Limitation 3 below.
3. For purposes of this Infertility benefit, "lifetime" means the lifetime of the Member who is the recipient of Infertility services, and includes all treatments provided to the Member under any health care coverage plan in which the Member participated.

EXCLUSIONS

1. Services and supplies to reverse voluntary Infertility, including but not limited to reversals of vasectomy and tubal ligation, or other surgically induced Infertility, or to treat Infertility following reversal procedures.
2. Services and supplies related to donor sperm or sperm preservation for artificial insemination are excluded.
3. Surrogacy or gestational carriers if the prenatal and postpartum care is covered by the intended parent(s).
4. Frozen embryo transfers, and Zygote Intra-Fallopian Transfers (ZIFT).
5. ICSI, Intracytoplasmic Sperm Injection.
6. Ova Sticks (a self-test for Infertility).
7. Ovum Transfer/Transplants or Uterine Lavage as part of Infertility diagnosis or treatment.
8. Sperm Donor, including the actual collection and storage of the sperm.
9. Donor sperm in lieu of a partner is not covered.
10. Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome).
11. Experimental and/or investigational diagnostic studies, procedures or drugs used to treat or determine the cause of Infertility.
12. Laboratory medical procedures involving the freezing or storing of sperm, ovum and/or pre-embryos.
13. Inoculation of women with partner's white cells (considered experimental).