



INFERTILITY BENEFIT COVERAGE

***Available through the UHC Choice and UHC Choice Plus – BUFF plans**

In Network Benefits ONLY

MEDICAL BENEFIT:

The medical infertility benefit has a \$30,000 lifetime maximum, which means this is the amount that the plan will pay out in benefits. This maximum does not include the amount paid by you in copayments and/or coinsurance. Please remember that these services are only covered under the in-network benefits of the Choice and Buff plans. Out of network services are **not** covered.

To be eligible for infertility benefits, you must meet all of the following criteria:

- The patient or the patient's spouse/partner have a history of medical infertility (as determined by your physician) of at least one year of duration (under age 35, or six months over 35) or have a diagnosis of infertility associated with any of the following medical conditions:
 - Endometriosis
 - Exposure before birth to diethylstilbestrol, commonly known as DES
 - Blockage of or surgical removal of one or both fallopian tubes
 - Abnormal male factors, including oligospermia, contributing to the infertility
- The patient or patient's spouse/partner is experiencing medical infertility that is not related to voluntary sterilization or failed reversal of voluntary sterilization.
 - The patient's oocytes are fertilized with the sperm of the patient's spouse/partner (donor sperm and/or donor eggs will not be covered)
 - The patient has been unable to conceive through less costly infertility treatments covered under the Policy

COVERAGE

Coverage under the plan is limited to artificial insemination and in vitro fertilization (IVF). The plan covers these procedures up to a certain age based on medical guidance. Please contact UHC for details.

Surrogate parenting, reversal of voluntary sterilizations, assisted reproductive technologies (gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT) procedures are **not** covered.

PRESCRIPTION BENEFIT

The oral medications, ***including but not limited to*** those listed below, used in the treatment of infertility are covered under your pharmacy benefit (if received at a pharmacy) up to a lifetime maximum of \$8,000, which means this is the amount that the plan will pay out in benefits. This does not include the amount you pay in copayments.

Bravelle	Gonal-F ²
Cetrotide	Luveris
chorionic gonadotropin (novarel, pregnyl) ¹	Menopur
Follistim AQ	Ovidrel
Ganirelix	Repronex

¹ Lowercase type indicates generic name and availability; lowercase type within parentheses indicates trademark generics listed only when no brand is available

² Multiple dosage formulations and injectable devices are available

It is important to note that these medications will be considered for coverage under the medical benefit and included in the medical lifetime maximum of \$30,000 if they are received through your doctor.

Also note that the medications listed above are considered specialty medications. Please be sure to contact your pharmacy to confirm that the medication is in stock. If the medication is not in stock, most pharmacies will be able to order the medication and have it the next day.

In addition, members have the option to use the specialty pharmacies available through CVS Caremark. To get started, please call 800-237-2767. The medication can be shipped to you overnight. Through this specialty pharmacy program, you are assigned a specialty representative that will be your single contact throughout your regimen.

For more information or for any questions about this benefit, please contact UnitedHealthcare at 877-706-1739.