

# Open Enrollment 2020

Caring for the Total You



October 7-25, 2019

## Enhancements to Infertility Benefits - Effective 1/1/20

Effective 1/1/2020, the *Infertility* benefit covered under the GW PPO medical plan will change to a **Fertility** benefit. The GW PPO medical plan provides in-network benefits ONLY.

This enhancement removes the requirement for participants to meet the medical definition of infertility. In addition, the plan will offer:

- Fertility preservation (Medically Necessary and Non-Medically Necessary)
- Embryo Biopsy for PGT-A (formally known as PGS) - Fertility coverage includes the embryo biopsy only.
- \*Donor Coverage
  - Donor eggs - Cost for fertilization (in vitro fertilization or intracytoplasmic sperm injection), embryo culture, and embryo transfer.
  - Donor sperm - thawing and insemination of sperm.

\* Donor (Eggs or Sperm) - the plan will not pay for donor charges associated with compensation or administrative services. The cost of donor eggs, including medical cost related to donor stimulation and egg retrieval is excluded for non-covered members. Additionally, the cost of procurement and storage of donor sperm is excluded for non-covered members.

## Medical Benefits

The medical fertility 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 in-network under the GW PPO Plan. Out of network services are not covered.

**Important note: Eligibility age restrictions do apply:**

- **Participant must be under age 44, if female and using own oocytes (eggs)**
- **Participant must be under age 50, if female and using donor oocytes (eggs)**

*Please continue to page 2 for a list of procedures covered under the Fertility Benefit*

If you have started or are considering fertility treatment, you can reach out to a nurse at 1-866-774-4626, M - F | 7:00a.m. – 6:00p.m. CST or visit [myuhc.phs.com/fertilitysolutions](http://myuhc.phs.com/fertilitysolutions).

**\*\*Coverage under the plan includes the following procedures:**

- Ovulation induction and controlled ovarian stimulation
- Insemination procedures: Artificial Insemination (AI) and Intrauterine Insemination (IUI)
- In vitro fertilization (IVF), Intra Cytoplasmic Sperm Injection (ICSI)
- Testicular Sperm Aspiration/ Microsurgical Epididymal Sperm Aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm
- Pre-implantation genetic testing - Monogenic/Single Gene Defects (PGT-M) for diagnosis of known genetic disorders only when the fetus is at risk for an inheritable genetic disorder.
- Fertility Preservation (Medically Necessary and Non-Medically Necessary)
  - Coverage is limited to: collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are the responsibility of the member.

\*\* The Plan will only pay Benefits under the Fertility Solutions program if Fertility Solutions provides the proper notification to the Designated Provider performing the services (even if you self-refer to a provider in that Network).

## 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
- Cetrotide
- chorionic gonadotropin
- (novarel, pregnyl)<sup>1</sup>
- Follistim AQ
- Ganirelix
- Gonal-F<sup>2</sup>
- Luveris
- Menopur
- Ovidrel
- Repronex

<sup>1</sup> Lowercase type indicates generic name and availability; lowercase type within parentheses indicates trademark generics listed only when no brand is available. <sup>2</sup> 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. 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.