

## *Assisted Insemination Services (I)*

### *General Information*

Sharp Health Plan provides the following supplemental evidence of covered benefits for *Infertility* treatment in addition to the coverage described in your Member Handbook. Under this supplemental benefit plan, you are entitled to receive the benefits described below, subject to all the terms, conditions, exclusions and limitations described in the Member Handbook. The glossary on the reverse of this handout defines the italicized words used throughout. All capitalized terms in this document will be interpreted as defined in your Member Handbook.

This supplemental benefit plan does not apply to Medically Necessary Standard Fertility Preservation Services when a covered treatment may directly or indirectly cause Iatrogenic Infertility. As indicated in the Infertility Services section of your Member Handbook, Medically Necessary Standard Fertility Preservation Services, such as the collection, preservation, or purchase of sperm, ova, or embryos is a covered service when a covered treatment may directly or indirectly cause Iatrogenic Infertility.

### *How Does This Plan Work for Me?*

- You have direct access to OB/GYNs in your Plan Medical Group for diagnosis and treatment of *Infertility* (your OB/GYN will refer you to an *Infertility* specialist if needed).
- You must obtain covered benefits from Plan Providers.
- The Plan does not cover services that are not obtained from a Plan Provider, and you must pay for those services yourself.
- Always present your Sharp Health Plan Member ID card to Plan Providers, and ask them to inform you if something will not be covered.
- You pay the Coinsurance for the covered benefits listed below.

### *What Are My Covered Benefits and Coinsurance?*

For diagnosed *Infertility*, the following are covered benefits:

- *Artificial Insemination* services up to a *Lifetime* maximum of three inseminations
- Provider-administered medications directly associated with the covered Artificial insemination procedures up to a Lifetime maximum of three cycles.
- Self-administered outpatient prescription medication for treatment for Infertility up to a Lifetime maximum of three cycles

The Member pays Coinsurance equal to **50 percent** of the Plan's scheduled or contracted rate of payment, whichever is less, to each Plan Provider of services for all covered *Infertility* services.

### *What Is Not Covered?*

This supplemental benefit plan excludes the services and supplies listed below.

- Purchase of sperm, ova or embryos
- Any services relating to cryopreservation including, but not limited to, collection, storage, thawing, or procedures employing sperm, ova, or embryos that have been cryopreserved
- Reversal of voluntary sterilization

# Supplemental Benefit Plan

## *Artificial Insemination Services (I) (continued)*

### *What Is Not Covered? (continued)*

- Services or supplies for the purpose of surrogate parenting or any other form of third-party reproduction Procedures that are not covered include, but are not limited to, *Assisted Hatching*, blastocyst transfer, *Gamete Intrafallopian Transfer (GIFT)*, *Intracytoplasmic Sperm Injections (ICSI)*, *In Vitro Fertilization (IVF)*, multi-cell embryo transfer (*TET*), *Zygote Intrafallopian Transfer (ZIFT)*, and any other procedures that may be employed to bring about conception without sexual intercourse
- Any service, procedure or process that prepares the member for non-covered procedures
- Services, procedures or processes provided to or performed on someone other than the member

### *Glossary*

We have italicized the following words throughout the handout to let you know they are defined in this glossary. These words pertain only to the covered benefits for the treatment of *Infertility* described in this handout.

**Artificial Insemination** is the depositing of sperm by syringe into the vagina near the cervix or directly into the uterus. This technique is used to overcome sexual performance problems, to circumvent sperm-mucus interaction problems, to maximize the potential for poor semen and for using donor sperm.

**Assisted Hatching** is a procedure whereby a small hole is dissolved into the zona pellucida, the soft shell surrounding the embryo that protects it during early development, to allow the embryo to hatch out and implant into the uterine wall.

**Gamete Intrafallopian Transfer (GIFT)** is a procedure whereby unfertilized ovum are removed from the female and inserted along with sperm into the fallopian tube for the purpose of enhancing the chance of conception.

**Intracytoplasmic Sperm Injection (ICSI)** is a procedure whereby a single active sperm is injected into the egg outside the body and inserted into the fallopian tube for the purpose of enhancing the chance of conception.

**In Vitro Fertilization (IVF)** is a procedure whereby unfertilized ovum are removed from the female, fertilized with a donor's sperm outside the body, and implanted directly into the uterus in an attempt to achieve pregnancy.

**Infertility** is the inability to conceive a pregnancy, or to carry a pregnancy to a live birth after a year or more of regular sexual intercourse without contraception, or the presence of a demonstrated condition recognized by a physician as a cause of infertility.

**Lifetime** means any attempts or treatments rendered during the Member's coverage under the Plan at anytime during the Member's lifetime.

**Zygote Intrafallopian Transfer (ZIFT)** is a procedure whereby unfertilized ovum are removed from the female and fertilized with a donor's sperm outside the body. The pronuclear stage embryo is then inserted into the fallopian tube in an attempt to achieve pregnancy.

**If you have questions regarding your coverage under this supplemental benefit plan, please contact Sharp Health Plan Customer Care at (858) 499-8300 or 1-800-359-2002, or visit [www.SharpHealthPlan.com](http://www.SharpHealthPlan.com).**