

# SUTTER HEALTH PLAN

## 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, 2025.

Note: This Infertility Services coverage document does not apply to standard fertility preservation services performed when a covered treatment may directly or indirectly cause iatrogenic infertility. Iatrogenic infertility means infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other treatment. Refer to the Fertility Preservation Services sections in your EOC for information regarding covered standard fertility preservation services.

### COVERED INFERTILITY SERVICES

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Your Infertility Services Benefit includes: Services, supplies and medications for the diagnosis and treatment of infertility, including consultations, examinations, diagnostic tests, procedures, surgery, gamete intrafallopian transfer (GIFT), and drug therapy, subject to the Exclusions and Limitations described below.

#### Infertility services are provided for:

- Members with a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility, OR
- Members who have been unable to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception.

#### 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. Outpatient Prescription Drugs prescribed for the treatment of infertility are covered at 50% of the contracted Outpatient Prescription Drug 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 Sharing for Outpatient Prescription Drugs, and Sutter Health Plan Customer Service at 1-855-315-5800 (TTY 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. The following advanced reproductive technologies (ART) procedures are limited to one (1) per Member's lifetime, as defined in Limitation 3 below, and will be covered when performed at contracted facilities with contracted providers that conform to current applicable guidelines and standards issued by the American College of Obstetricians and Gynecologists or the American Society for Reproductive Medicine:
  - In-vitro fertilization (IVF) with embryo transfer
  - GIFT
  - Zygote intra-fallopian transfer (ZIFT)
  - Tubal embryo transfer (TET)
  - Pronuclear stage tubal embryo transfer (PROUST)
3. For purposes of this infertility benefit, "lifetime" means the lifetime of the Member who is the recipient of Infertility Services and will include all services provided while the member is covered by any SHP plan.

## EXCLUSIONS

1. Services and supplies to reverse voluntary infertility, including, but not limited to, reversals of vasectomy, tubal ligation or other surgically-induced infertility, or to treat infertility following reversal procedures
2. Services and supplies related to donor sperm and sperm retrieval, freezing and storage
3. Services and supplies related to oocyte (egg) freezing and storage
4. Services and supplies related to surrogacy or gestational carriers if prenatal and postpartum care is covered by the intended parent(s)
5. Intracytoplasmic Sperm Injection (ICSI) for non-donor sperm failing to meet male factor infertility criteria (i.e., at least two [2] unprocessed or processed semen analyses reveal less than 10 million total motile sperm or at least two [2] unprocessed semen analyses show less than or equal to two [2] percent strict Kruger normal forms)
6. Treatment of female sterility in which a donor egg would be necessary (e.g., post-menopausal syndrome)
7. Experimental and investigational diagnostic studies, procedures and drugs used to determine the cause of infertility or to treat infertility