

# Additional Infertility Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

## Blue Shield of California

For the following PPO and HSA-eligible HDHP plans:

|                                  |                                                  |
|----------------------------------|--------------------------------------------------|
| Bronze Full PPO 3750/65 OffEx    | Bronze Full PPO Savings 4300/40% OffEx           |
| Bronze Tandem PPO 3750/65 OffEx  | Bronze Full PPO Savings 6550 OffEx               |
| Bronze Full PPO 5700/60 OffEx    | Silver Full PPO Savings 2000/20% OffEx           |
| Gold Full PPO 0/20 OffEx         | Blue Shield Bronze 60 PPO 6300/75 + Child Dental |
| Gold Full PPO 1200/35 OffEx      | Blue Shield Gold 80 PPO 0/25 + Child Dental      |
| Gold Full PPO 450/30 OffEx       | Blue Shield Platinum 90 PPO 0/15 + Child Dental  |
| Gold Full PPO 750/30 OffEx       | Blue Shield Silver 70 PPO 2000/45 + Child Dental |
| Gold Tandem PPO 750/30 OffEx     |                                                  |
| Platinum Full PPO 0/10 OffEx     |                                                  |
| Platinum Tandem PPO 0/10 OffEx   |                                                  |
| Platinum Full PPO 250/15 OffEx   |                                                  |
| Platinum Tandem PPO 250/15 OffEx |                                                  |
| Silver Full PPO 1700/55 OffEx    |                                                  |
| Silver Tandem PPO 1700/55 OffEx  |                                                  |
| Silver Full PPO 2000/45 OffEx    |                                                  |
| Silver Tandem PPO 2000/45 OffEx  |                                                  |

### How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix<sup>1</sup>). Coverage includes authorized professional, hospital, ambulatory surgery center, and ancillary services, as well as drugs for the treatment of infertility that are self-administered, and injectable drugs administered or prescribed by the provider during a course of treatment to induce fertilization<sup>2</sup>.

### Coverage Details

The following procedures are limited, per lifetime as shown.

- Six (6) natural (without ovum (oocyte or ovarian tissue (egg)) stimulation) artificial inseminations and;
- Three (3) stimulated (with ovum (oocyte or ovarian tissue) stimulation) artificial inseminations and;
- One (1) gamete intrafallopian transfer (GIFT)
- Cryopreservation of sperm/ oocytes / embryos when retrieved from a member. Benefits include cryopreservation services for a condition which the treating physician anticipates will cause infertility in the future (except when the infertile condition is caused by elective chemical or surgical sterilization procedures). Benefits are limited to one retrieval and one year of storage per person per lifetime.
- EXCLUDED: Services such as, in-vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and zygote intrafallopian transfer (ZIFT) are excluded.

All benefits are also subject to a copayment as follows:

| Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Copayment                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 50% of the allowable amount |
| Bronze Full PPO 3750/65 OffEx<br>Bronze Tandem PPO 3750/65 OffEx<br>Bronze Full PPO 5700/60 OffEx<br>Gold Full PPO 0/20 OffEx<br>Gold Full PPO 1200/35 OffEx<br>Gold Full PPO 450/30 OffEx<br>Gold Full PPO 750/30 OffEx<br>Gold Tandem PPO 750/30 OffEx<br>Platinum Full PPO 0/10 OffEx<br>Platinum Tandem PPO 0/10 OffEx<br>Platinum Full PPO 250/15 OffEx<br>Platinum Tandem PPO 250/15 OffEx<br>Silver Full PPO 1700/55 OffEx<br>Silver Tandem PPO 1700/55 OffEx<br>Silver Full PPO 2000/45 OffEx<br>Silver Tandem PPO 2000/45 OffEx |                             |
| Bronze Full PPO Savings 4300/40% OffEx<br>Bronze Full PPO Savings 6550 OffEx<br>Silver Full PPO Savings 2000/20% OffEx                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |
| Blue Shield Bronze 60 PPO 6300/75 + Child Dental<br>Blue Shield Gold 80 PPO 0/25 + Child Dental<br>Blue Shield Platinum 90 PPO 0/15 + Child Dental<br>Blue Shield Silver 70 PPO 2000/45 + Child Dental                                                                                                                                                                                                                                                                                                                                   |                             |

1. These services are only covered when the group adds "Additional Blue Shield Infertility Benefits" to the plan.
2. These services are covered only when authorized by Blue Shield, and provided by a Preferred Provider. Procedures must be consistent with established medical practice in treatment of infertility and induced fertilization.

This document is only a summary of the Blue Shield Infertility Benefits. It is not a contract. Please see the *Evidence of Coverage* and the plan contact for exact terms and conditions of coverage as well as exclusions and limitations.



## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007

**Phone: (844) 831-4133 (TTY: 711)**

**Fax: (916) 350-7405**

**Email: [BlueShieldCivilRightsCoordinator@blueshieldca.com](mailto:BlueShieldCivilRightsCoordinator@blueshieldca.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201  
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

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**IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

**IMPORTANTE:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin costo, por favor llame inmediatamente al teléfono de Servicios al Miembro/Cliente que se encuentra al reverso de su tarjeta de identificación dental de Blue Shield. (Spanish)

**重要通知:** 您能讀懂這封信嗎? 如果不能, 我們可以請人幫您閱讀。這封信也可以用 您所講的語言書寫。如需免費幫助, 請立即撥打登列在您的 Blue Shield 牙科 ID 卡背面上的會員/客戶服務部的電話。(Chinese)

**QUAN TRỌNG:** Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Trợ giúp miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị. (Vietnamese)

**MAHALAGA:** Nababasa mo ba ang sulat na ito? Kung hindi, maaari kaming kumuha ng isang tao na makatutulong sa iyo na basahin ito. Maaari mo ring makuha ang sulat na ito sa iyong wika. Para sa tulong na walang gastos, mangyaring tumawag kaagad sa numero ng telepono ng Serbisyo sa Miyembro/Customer na nasa likod ng iyong Dental ID kard ng Blue Shield. (Tagalog)

**Baa' ákohwiindzindooígí:** Díí naaltsoosísh yíiniłta'go bííniǵah? Doo bííniǵahgóó éí, naaltsoos nich'í' yiidóoltaǵíí ła' nihee hółó. Díí naaltsoos áłdó' t'áá Diné k'ehjí ádoolníł nínízingo bíiǵah. Doo ɓaah ílínígó shíká' adoowoł nínízingó nihich'í' béesh bee hodíilnih dóó námboo éí díí Blue Shield bee néiho'díłzinígí bine'dée' bikáá'. (Navajo)

**중요:** 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

**ԿԱՐԵՎՈՐ Է:** Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Օտարալեզուներն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

**ВАЖНО:** Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

**重要:** お客様は、この手紙を読むことができますか? もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

**مهم:** آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیارتان قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسی Blue Shield تان درج شده است و یا از طریق شماره تلفن (866) 346-7198 با خدمات مشتریان تماس بگیرید. (Persian)

**ਮਹੱਤਵਪੂਰਨ:** ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

**ប្រការសំខាន់៖** តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឱ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

**المهم:** هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

**TSEEM CEEB:** Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiv ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

**สำคัญ:** คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

**महत्वपूर्ण:** क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मੈਂबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)