

This document is an Amendment to your Plan's policy.

An amendment adds, modifies, deletes or otherwise changes a benefit listed in your Policy. You can make the most of your coverage with Health Alliance by reading your Amendments and keeping them with your Policy for future reference.

Regarding: Infertility Services

**HEALTH ALLIANCE HMO
GROUP POLICY AMENDMENT**

Health Alliance HMO Group Policy IL GRPHMO 2005 is amended as follows:

Under "WHAT IS COVERED," the following new subsection is added:

Infertility Services

Definitions:

Artificial Insemination (AI). The introduction of sperm into a woman's vagina or uterus by noncoital methods, for the purpose of conception.

Assisted Reproductive Technologies (ART). The treatments and/or procedures in which the human oocytes and/or sperm are retrieved and the human oocytes and/or embryos are manipulated in the laboratory. ART shall include prescription drug therapy used during the cycle where an oocyte retrieval is performed.

Donor. An oocyte donor or sperm donor.

Embryo. A fertilized egg that has begun cell division and has completed the pre-embryonic stage.

Embryo transfer. The placement of the pre-embryo into the uterus or, in the case of zygote intrafallopian tube transfer, into the fallopian tube.

Gamete. A reproductive cell. In a man the gametes are sperm. In a woman the gametes are eggs or ova.

Gamete intrafallopian tube transfer (GIFT). The direct transfer of a sperm/egg mixture into the fallopian tube. Fertilization takes place inside the tube.

Infertility. The inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy. In the event a Physician determines a medical condition exists that renders conception impossible through unprotected sexual intercourse, including but not limited to congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal due to a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments, the one year requirement shall be waived.

In vitro fertilization (IVF). A process in which an egg and sperm are combined in a laboratory dish where fertilization occurs. The fertilized and divided egg is then transferred into the woman's uterus.



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Low tubal ovum transfer. The procedure in which oocytes are transferred past a blocked or damaged section of the fallopian tube to an area closer to the uterus.

Mid-level provider. A healthcare professional, other than a physician, that provides patient care in a collaborative practice under the supervision of a physician.

Oocyte. The female egg or ovum formed in an ovary.

Oocyte donor. A woman determined by a Physician to be capable of donating eggs in accordance with the standards recommended by the American Society for Reproductive Medicine.

Oocyte retrieval. The procedure by which eggs are obtained by inserting a needle into the ovarian follicle and removing the fluid and the egg by suction. This procedure is also called ova aspiration.

Successful reversal of sterilization. For a male it means there is a minimum of 20 million sperm per milliliter of semen. For a female it means that the fallopian tube is patent and free from obstruction as evidenced by hysterosalpingogram.

Surrogate. A woman who carries a pregnancy for a woman who has infertility coverage.

Unprotected sexual intercourse. Sexual union between a male and a female, without the use of any process, device or method that prevents conception, including but not limited to oral contraceptives, chemicals, physical or barrier contraceptives, natural abstinence or voluntary permanent surgical procedures.

Uterine embryo lavage. A procedure by which the uterus is flushed to recover a preimplantation embryo.

Zygote. A fertilized egg before cell division begins.

Zygote intrafallopian tube transfer (ZIFT). A procedure by which an egg is fertilized in vitro, and the zygote is transferred to the fallopian tube prior to the pronuclear stage before cell division takes place. The eggs are harvested and fertilized on one day and the embryo is transferred at a later time.

Covered Benefit:

Infertility services benefits for the diagnosis and treatment of infertility will be covered subject to the following terms, conditions and limitations. Infertility services benefits are covered upon prior order and written referral from a Member's Primary Care Physician or Woman's Principal Health Care Provider and upon prior written approval of a Medical Director that the Member meets all Health Alliance criteria for coverage. Prescribed and approved services must be received at an infertility center or other provider designated by and under contract with Health Alliance. The following infertility services are covered:

- Infertility evaluation by a Participating Physician or mid-level provider.
- Office visits related to the initial evaluation or follow-up appointments.
- Lab and x-ray, Huhner test (post-coital test), hysterosalpingogram, laparoscopy, hysteroscopy, ultrasounds, sperm antibody test, artificial insemination, semen analysis, acrosome reaction test, urological evaluation, testicular biopsy.
- In vitro fertilization, uterine embryo lavage, embryo transfer, gamete intrafallopian tube transfer, zygote intrafallopian tube transfer and low tubal ovum transfer.
- Assisted reproductive technologies (ART), meaning the treatments and/or procedures in which the human oocytes and/or sperm are retrieved and the human oocytes and/or embryos are manipulated in the laboratory. ART includes prescription drug therapy used during the cycle where an oocyte retrieval is performed.
- Outpatient prescription drugs and specialty prescription drugs for the treatment of infertility as outlined on the attached Infertility Prescription Drug Rider.

- Infertility services after reversal of sterilization are covered if there is a successful reversal of sterilization and if the Member's diagnosis meets the definition of infertility.

Benefit Limitation/Oocyte Retrieval Limitation:

- For treatments that include oocyte retrievals, coverage for such treatments will be provided only if the Member has been unable to attain or sustain a successful pregnancy through reasonable, less costly medically appropriate infertility treatments. This requirement shall be waived in the event that the Member or partner has a medical condition that renders such treatment useless.
- For treatments that include oocyte retrievals, coverage for such treatments is not required if the Member has already undergone four completed oocyte retrievals, except that if a live birth follows a completed oocyte retrieval, then coverage shall be required for a maximum of two additional completed oocyte retrievals. Such coverage applies to the individual per lifetime of that individual, for treatment of infertility, regardless of the source of payment.
 - 1) following the final completed oocyte retrieval for which coverage is available, coverage for one subsequent procedure used to transfer the oocytes or sperm to the covered recipient shall be provided.
 - 2) the maximum number of completed oocyte retrievals that shall be eligible for coverage is six.
- When the maximum number of completed oocyte retrievals has been achieved, except as provided above, infertility benefits will be exhausted.

Donor Expenses:

- The medical expenses of an oocyte or sperm donor for procedures utilized to retrieve oocytes or sperm, and the subsequent procedure used to transfer the oocytes or sperm to the covered recipient will be covered. Associated donor medical expenses, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, will also be covered if established as prerequisites to donation by the insurer.
- Coverage for a known donor is provided. In the event the Member does not have arrangements with a known donor, the use of a contracted facility is required. If the Member uses a known donor, use of contracted Providers by the donor for all medical treatment, including but not limited to testing, prescription drug therapy and ART procedures, is required.
- If an oocyte donor is used, then the completed oocyte retrieval performed on the donor will count against the Member as one completed oocyte retrieval.

In the "**WHAT IS NOT COVERED**" section, the "**Infertility Services**" subsection is replaced with the following new subsection:

Infertility Services

The following services are not covered:

- Reversal of voluntary sterilization; however, in the event a voluntary sterilization is successfully reversed, infertility benefits will be available if the Member's diagnosis meets the definition of infertility. Coverage is not provided for the diagnostic services needed to confirm a successful reversal.
- Payment for services rendered to a surrogate; however, costs for procedures to obtain eggs, sperm or embryos from a Member will be covered if the individual chooses to use a surrogate.
- Costs associated with cryopreservation and storage of sperm, eggs and embryos. Health Alliance will cover the costs associated with subsequent procedures of a medical nature necessary to make use of the cryopreserved substance if the procedures are not deemed to be experimental and/or investigational.
- Selective termination of an embryo. Health Alliance will cover abortions that are Medically Necessary for the life of the mother.
- Non-medical costs of an egg or sperm donor.

- Travel costs for travel within 100 miles of the Member's home address as filed with Health Alliance, and/or travel costs not Medically Necessary, or mandated, or required by Health Alliance. Health Alliance will cover reasonable travel costs as deemed appropriate.
- Health Alliance will not provide coverage for infertility services that are deemed to be experimental or investigational as supported by the written determination of the American Society for Reproductive Medicine or the American College of Obstetrics. Health Alliance will cover infertility treatment that includes services or treatments that are not experimental in nature and can be delineated and separately charged from infertility treatment considered experimental.
- Infertility treatments rendered to Dependents under the age of 18.
- Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
- Donor embryos.

In the event of conflict or inconsistency between this Amendment and the Policy, together with any previous Riders and Amendments, the provisions of this Amendment will control in all respects.