

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

Figure 1. Covered Infertility Benefits ^[4]

(two ART courses per covered person/lifetime for subscriber, spouse or domestic partner)

Benefit Description <i>All services indicated below must be determined to be medically necessary, by respective plan, in order for the service to be covered by the plan.</i>	<u>Blue Shield</u>	<u>Kaiser Permanente</u>	<u>UHC PPO Plan.</u>
In Vitro Fertilization (IVF) is the series of procedures in which a mature eggs are retrieved from the ovary and is fertilized with sperm in a laboratory setting. The embryo is then placed in the woman's uterus.			
Gamete intrafallopian transfer (GIFT) is an infertility treatment in which eggs are removed from a woman's ovaries, and placed in one of the Fallopian tubes, along with the man's sperm.	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Zygote intrafallopian transfer (ZIFT) is an infertility treatment used when a blockage in the fallopian tubes prevents the normal binding of sperm to the egg. Egg cells are removed from a woman's ovaries, and in vitro fertilized. The resulting zygote is placed into the fallopian tube by the use of laparoscopy.			
Intra-Cytoplasmic Sperm Injection (ICSI) is an in vitro fertilization procedure in which a single sperm is injected directly into an egg. Defective sperm function remains the single most important cause of human infertility.	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Pre-implantation Genetic Screening (PGS) allows embryos to be screened using an array of tests (e.g. comparative genomic hybridization, quantitative polymerase chain reaction and single nucleotide polymorphism). Embryos that receive a Pre-implantation Genetic Diagnosis (PGD) (e.g. aneuploidy) are not selected for fertilization. PGS/PGD have been found to reduce the rate of miscarriage and improve the success of implantation. This also prevents the need for implanting multiple embryos in order to have a successful implantation and reducing the possibility of multiple births.	Offered @50% shared cost to member through participating provider, not covered out of network	Elective pre-implantation genetic screening is not covered PGD/PGS is covered when determined medically necessary by a Plan provider in Genetics. Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Elective single embryo transfer - the American Society for Reproductive Medicine guidelines recommend only single embryo transfer. Implementation of two embryos/eggs increase the chance of multiple births which have higher risks of prematurity, future health issues and learning challenges due prematurity, and pregnancy complications.	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Assisted hatching is a laboratory technique that was developed when fertility experts observed that embryos with a thin zona pellucida had a higher rate of implantation during in vitro fertilization. An important process in the fertilization of an egg is the ability of the sperm to penetrate the egg "shell" (zona pellucida). With assisted hatching, an embryologist uses micromanipulation under a microscope to create a small hole in the zona pellucida.	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers

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Diagnostic Services	Offered @50% shared cost to member through participating provider, not covered out of network	Offer to member @ \$20 per visit, \$20 per procedure, no charge for outpatient imaging, lab, special procedures, and administered drugs, and \$100 per admission for hospital inpatient care	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Insemination Procedures - Artificial Insemination (AI) and Intrauterine Insemination (IUI)	Offered @50% shared cost to member through participating provider, not covered out of network (AI) – 6 natural intra-cervical (IUI) – 3 stimulated intra-uterine	Offered @ \$20 per visit, \$20 per procedure, no charge for outpatient imaging, lab, special procedures, and administered drugs, and \$100 per admission for hospital inpatient care.	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers (AI) – 6 natural intra-cervical (IUI) – 3 stimulated intra-uterine
Testicular Sperm Aspiration (TESA)/Microsurgical Epididymal Sperm Aspiration (MESA) – male factor associated surgical procedures for retrieval of sperm	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers
Pharmaceutical Products for the treatment of infertility	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% shared cost to member through participating provider, not covered out of network	Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers

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Figure 2. Storage and Cryopreservation ^[4]

<p>Benefit Description</p> <p><i>All services indicated below must be determined to be medically necessary, by respective plan, in order for the service to be covered by the plan.</i></p>	<p>Blue Shield</p> <p>Egg/sperm storage benefit limited to once per lifetime.</p>	<p>Kaiser Permanente -</p> <p>Egg/Sperm storage covered only in connection of Art for 12 Months. Egg/sperm storage benefit also available for Fertility Preservation second to Cancer diagnosis.</p>	<p>UHC PPO Plan</p> <p>Egg/Sperm Storage covered only in connection of ART for 12 Months. Egg/sperm storage benefit also available for Fertility Preservation.</p>
<p>Egg storage costs are between \$300 and \$1,000 a year with an additional charge for thawing of between \$5,000 and \$10,000. Cost associated with long-term storage and shipping (beyond 12 months) will be at the member's expense. Egg retrieval and storage is to be available to members who medical treatment will result in the member becoming infertile (e.g. cancer).</p>	<p>Offered @50% shared cost to member through participating provider, not covered out of network – includes one retrieval and a year of storage per person when retrieved from a subscriber, spouse or domestic partner</p>	<p>Offered @50% shared cost to member through participating provider, not covered out of network in connection with ART for 12 months of storage.</p> <p>Offered @50% shared cost to member through participating provider, not covered out of network for Fertility Preservation, second to a diagnosis of Cancer. One retrieval per lifetime, and for up to 12 months.</p>	<p>Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers Limited to 12 continuous months (1 year) of storage per covered person during entire coverage period. Must be associated with GIFT/IVF/ZIFT procedure.</p> <p>Offered @50% (after Annual Deductible has been met) shared cost to member through in network, out of area, and out of network providers Limited to 12 continuous months (1 year) of storage per covered person for Fertility Preservation.</p>