

Amendment #1 to your ASO PPO Benefit Booklet

SAN FRANCISCO HEALTH SERVICE SYSTEM FUND

Effective as of January 1, 2023, your Benefit Booklet is amended as follows:

Infertility Benefits

Only the Member, spouse or Domestic Partner is entitled to Benefits under this Infertility Benefit. Covered Services for Infertility include all professional, Hospital, ambulatory surgery center, related services and injectable drugs administered by a ~~Participating Provider~~ to a Member, spouse or Domestic Partner for the inducement of fertilization as described herein. No Benefits are provided when the infertile condition is caused by elective chemical or surgical sterilization procedures.

For the purposes of this Benefit, Infertility is:

- a demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or
- the inability to conceive a pregnancy or to carry a pregnancy to a live birth.

Benefits are provided for a Member, spouse or Domestic Partner who meets the definition of Infertility for a medically appropriate diagnostic work-up, unless otherwise stated below, and the procedures listed below. A lifetime benefit maximum will be listed, if applicable:

- Six (6) natural (without ovum [oocyte or ovarian tissue (egg)] stimulation) or stimulated (with ovum [oocyte or ovarian tissue] stimulation) artificial inseminations per person per lifetime;
- Two (2) in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), or zygote intrafallopian transfer (ZIFT) per person per lifetime;
 - Two (2) fresh or frozen transfer cycles per person per lifetime, which includes transfers performed during embryo, gamete or zygote transfer cycles. These Covered Services must be received in conjunction with any of the following Covered Services: in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), or zygote intrafallopian transfer (ZIFT);
- Intracytoplasmic sperm injection (ICSI);
- One (1) embryo transportation per person per lifetime, up to \$500 maximum;
- One (1) microsurgical epididymal sperm aspiration (MESA), percutaneous epididymal sperm aspiration (PESA), or testicular sperm aspiration (TESA) per person per lifetime, if the Member, spouse, or Domestic Partner has not had a previous vasectomy;
- Embryo biopsy for preimplantation genetic screening (PGS) or diagnosis (PGD);
- Cryopreservation of sperm/ oocytes/ovarian tissue/testicular tissue/embryos when retrieved from a Member, spouse or Domestic Partner covered within. Benefits are limited to one (1) retrieval and one (1) year of storage per person per lifetime. A current diagnosis of Infertility for a medically appropriate diagnostic work-up is not required for this Benefit.

Note: the lifetime benefit maximums for the above described procedures apply to all services related to or performed in conjunction with such procedures, such that once the maximums

for the above procedures have been reached, no services related to or performed in conjunction with the procedures will be covered.

The Member, spouse or Domestic Partner is responsible for the Copayment or Coinsurance listed for all professional and Hospital Services, ambulatory surgery center and related services used in connection with any procedure covered under this Benefit, and injectable drugs administered by a ~~Participating~~ Provider during a course of treatment to diagnose Infertility or induce fertilization. If your Employer selected the Prescription Drug Benefit as an optional Benefit, self-administered Drugs prescribed to induce fertilization are covered at the applicable Drug tier Copayment or Coinsurance. Procedures must be consistent with established medical practice in the treatment of Infertility and authorized by the Claims Administrator.

~~No Benefits are provided for services received from Non-Participating Providers.~~

The Calendar Year Medical Deductible does not apply to these Covered Services and Copayments for these Covered Services do not apply towards the Out-of-Pocket Maximum responsibility.

No Benefits are provided for:

- ~~Services received from Non-Participating Providers;~~
- Outpatient prescription Drugs prescribed for self-administration, if your Employer did not select the Prescription Drug Rider;
- Services for or incident to sexual dysfunction and sexual inadequacies, except as provided for treatment of organically based conditions, for which Covered Services are provided only under the medical benefits portion of the Benefit Booklet;
- Services incident to or resulting from procedures for a surrogate mother. However, if the surrogate mother is enrolled in a Claims Administrator health plan, Covered Services for Pregnancy and Maternity Care for the surrogate mother will be covered under that health plan;
- Services for collection, purchase or storage of sperm/eggs/frozen embryos from donors other than the Member, spouse or Domestic Partner;
- Cryopreservation of sperm, oocytes, ovarian tissue, testicular tissue, or embryos from donors other than the Member, spouse, or Domestic Partner;
- Home ovulation prediction testing kits or home pregnancy tests;
- Reversal of surgical sterilization and associated services;
- Any services not specifically listed as a Covered Service, above; and
- Covered Services in excess of the lifetime benefit maximums.

Benefits are limited to a Member, spouse or Domestic Partner covered hereunder who meets the definition of Infertility as defined at the time services are provided.

Please be sure to retain this document. It is not a plan document but is a part of your Benefit Booklet.