

Infertility Benefits

Health Net's large group plans include infertility benefits. The cost-sharing for infertility treatment is the same as for any other covered benefits or services.

A summary of covered and excluded infertility services for plans with the infertility option is outlined below. Please see the *Evidence of Coverage* (EOC) for complete details on coverage and exclusions.




Covered services (infertility services are covered only for the Health Net member):

- ✓ Artificial insemination.
- ✓ Office visits (professional services).
- ✓ Gamete intrafallopian transfer (GIFT).
- ✓ In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum.
- ✓ Follicle ultrasounds.
- ✓ Sperm washing.
- ✓ Prescription drugs (oral).
- ✓ Inpatient and outpatient care.
- ✓ Services or supplies (including injections and injectable medications) which prepare the member to receive these services.
- ✓ Treatment by injections (only when provided in connection with services that are covered by the plan).
- ✓ Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility are covered. Iatrogenic infertility is infertility that is caused by a medical intervention, including reactions from prescribed drugs or from medical or surgical procedures for conditions such as cancer or gender dysphoria.¹

(continued)



Excluded services:

-  Oocyte retrievals after the lifetime maximum of 3 completed oocyte retrieval cycles has been met.
-  Purchase of donor eggs, sperm or embryos.
-  Gestational carriers (surrogates).

¹Coverage is provided on all plans. See your EOC for additional information.