Health Net of California, Inc. (Health Net)

Large Employer Group

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]
- Medically necessary health testing of the surrogate for each attempt to collect eggs or sperm or create embryos, and for each attempt to achieve pregnancy using that material.
- Cryopreservation and storage of sperm, oocytes, and embryos for a period of at least 5 years from the time the genetic material is first cryopreserved.

Excluded services:

- Oocyte retrievals after the lifetime maximum of 3 completed oocyte retrieval cycles has been met.
- Donor compensation, donor agency fees, and legal fees associated with a donor agreement.
- Surrogate's own health care costs after the embryo transfer procedure (including maternity care), except as required under the surrogate's own health plan contract.

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

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