

Assurant's Family Building Benefit will include up to \$30,000 as a lifetime maximum (LTM) for fertility treatments and prescriptions for *Eligible Covered Members*.

The fertility benefit is available to all eligible members with or without a diagnosis of infertility.

Eligible Covered Members in need of medical services to achieve pregnancy would have access to the Family Building Benefit. By applying the most medically appropriate treatments, access to care is intended to reduce risks and costs. In order to access and maximize this benefit, prior authorization by the Medical Management Program is required prior to initiation of medical treatment for family building. Failure to initiate preauthorization of services for each service will result in a denial of benefits. Coverage is subject to available benefit at time of claim submission. Out of pocket responsibilities may be applicable and should be verified prior to initiating services.

Included - The following are covered under this benefit:

1. Artificial Insemination (AI), Intrauterine Insemination (IUI), and Time Intercourse (TI) cycles
 - a. with or without stimulation with oral agents (e.g., clomiphene citrate, letrozole).
2. Assisted Reproductive Technologies (ART):
 - a. Monitoring of ovarian stimulation by ultrasound and related hormone assays
 - b. In Vitro Fertilization (IVF) Oocyte retrieval
 - c. Embryology services to include: oocyte identification, sperm identification, in vitro fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), embryo culture, embryo thaw, embryo preparation for transfer, embryo cryopreservation.
3. ART related services
 - a. Oocyte Thaw cycles and Frozen Embryo Transfer (FET) cycles (including use of donor eggs and donor embryos)
 - b. Oocyte cryopreservation cycles including one year of storage when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)
 - c. Sperm cryopreservation including one year of storage when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)
 - d. Embryo Biopsy for Preimplantation Genetic Testing (PGT), Preimplantation Genetic Testing (PGD) and Preimplantation Genetic Screening (PGS) subject to Anthem medical guidelines
 - e. Storage of cryopreserved Embryos for up to 1 year beginning from the initial date of cryopreservation

Benefit Specifics:

All frozen embryos (or all euploid frozen embryos, if PGT was performed) stored after a completed cycle with ovarian stimulation should be utilized prior to coverage availability for another ovarian stimulation cycle for IVF (unless the *coverage* is for a fertility preservation cycle) when clinically appropriate. Embryo transfer guidelines per the American Society of Reproductive Medicine (ASRM) should be followed for all embryo transfers (fresh and frozen cycles) and elective single embryo transfer should be utilized when clinically appropriate.

Exclusions: The following services are **not** covered:

- a. Gonadotropin or menotropin stimulated ovulation induction cycles including monitoring of Timed Intercourse and IUI cycles unless member has a diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism, or after member has not ovulated or conceived after a prior trial of 3 cycles or clomiphene citrate or letrozole.
- b. If a member has undergone an elective sterilization procedure, they are not eligible for benefits unless they undergo a successful reversal; Or WIN's consulting medical director determines that the reversal of the elective sterilization procedure is not medically indicated or will not improve the likelihood of conception due to multifactorial causes of infertility. Reversal of a sterilization procedure is not covered. HOWEVER, the partner that did not elect voluntary sterilization could be eligible for benefits based on plan design.
- c. Experimental or Investigational medical and surgical procedures.
- d. Services which are not medically appropriate.

- e. Expenses for **procuring** Donated Oocytes or Sperm, including all medical expenses, travel expenses, agency, laboratory and donor fees, psychological screening, FDA testing for the donor and partner, genetics screening and all medications for the donor (e.g. suppression medications, stimulation medications).
- f. Members acting as surrogate or gestational carrier for another party (i.e. member is not the Intended Parent) are not covered for fertility services under this benefit.
- g. Services which are not listed as covered in this benefit.