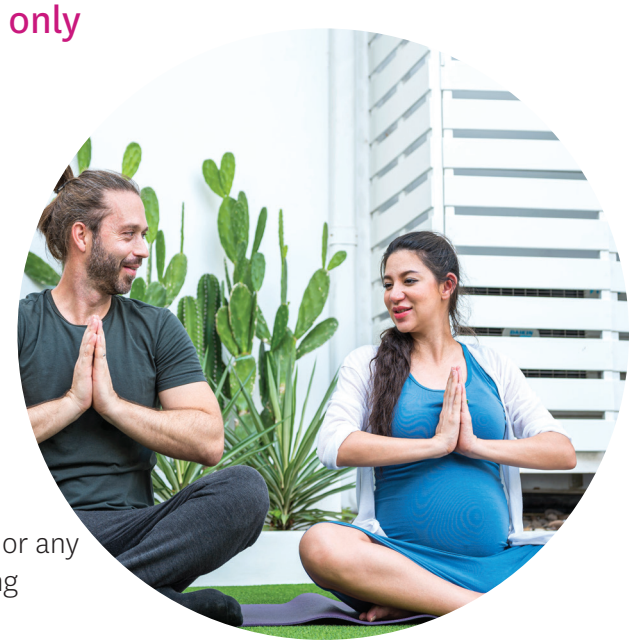
Infertility Benefits

Health Net offers an infertility option with each of our California Small Business Group plans. The same plans are available without infertility benefits at a lower cost.

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).
- Follicle ultrasounds.
- Sperm washing.
- Prescription drugs (oral).
- Inpatient and outpatient care.
- In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum.
- 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]

Excluded services:

- Oocyte retrievals after the lifetime maximum of 3 oocyte retrieval cycles has been met.
- The collection, storage or purchase of sperm.
- Pre-implantation genetic diagnosis.
- Purchase of donor eggs, sperm or embryos.
- Gestational carriers (surrogates).

[1]Coverage is provided on all plans, even when infertility services coverage is not purchased. See your EOC for additional information.

Infertility buy-up details

For HMO and PPO plans

- There is a lifetime maximum of 3 oocyte retrievals.
- Applicable deductibles or copays apply to all required services and supplies. For example, if the Infertility service requires an office visit, then the office visit copay applies.
- Infertility benefits apply to the calendar year out-of-pocket maximum.

[1]Coverage is provided on all plans, even when infertility services coverage is not purchased. See your EOC for additional information.