UnitedHealthcare Plan of the River Valley, Inc.
SUPPLEMENTAL BENEFITS ADDENDUM TO SUBSCRIBER AGREEMENT
UNDER GROUP HEALTH CONTRACT

INFERTILITY DIAGNOSIS/TREATMENT ADDENDUM

This Infertility Diagnosis/Treatment Addendum (Addendum) is subject to all provisions of the Subscriber Agreement under Group Health Contract not in conflict with the provisions of this Addendum. In the event of such conflict, the provisions in this Addendum shall govern coverage for the diagnosis and treatment of Infertility.

As used in this Addendum, “Infertility” means the inability to conceive after one year of “unprotected sexual intercourse” with a partner of the opposite sex or the inability to sustain a successful pregnancy. For purposes of this part, a woman shall be considered infertile without having to engage in one year of “unprotected sexual intercourse” if a Participating Physician determines a medical condition exists that renders conception impossible through “unprotected sexual intercourse”, including but not limited to congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal because of a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments, or efforts to conceive as a result of one year of medically based and supervised methods of conception, including artificial insemination, have failed and are not likely to lead to a successful pregnancy.

As used in this Addendum, “unprotected sexual intercourse” should include appropriate measures to ensure the health and safety of sexual partners and means sexual union between a male and a female, without the use of any process, device or method that prevents conception, including but not limited to oral contraceptives, chemicals, physical or barrier contraceptives, natural abstinence or voluntary permanent surgical procedures.

Covered Services

Benefits shall be provided for the diagnosis and treatment of Infertility. Infertility services include, but are not limited to:

- Artificial Insemination
- Embryo Transfer
- Gamete Intrafallopian Tube Transfer
- In Vitro Fertilization
- Intra Cytoplasmic Sperm Injection
- Low Tubal Ovum Transfer
- Uterine Embryo Lavage
- Zygote Intrafallopian Tube Transfer
- Blood tests
- Hospital stays
- Physician visits
- Prescription drug therapy as described in the Outpatient Prescription Drugs Supplemental Benefits Rider or Infertility Prescription Drug Addendum, whichever is applicable
- X-rays & ultrasound
- Donor expenses as described below
- Other similar costs generally incurred by the patient during Infertility diagnosis and treatment

The applicable Copayments, Coinsurance and/or Deductible for services associated with Infertility are the same as those found under the specific category of service as shown in Attachment D.

Services must be approved in advance by UnitedHealthcare and be provided by a Participating Provider or a Non-Participating Provider with a Preauthorized Referral.
**Benefit Limitations**

A. For treatments that include oocyte retrievals, coverage will be provided for such treatment only if the Enrollee has been unable to attain or sustain a successful pregnancy through reasonable, less costly medically appropriate Infertility treatments for which coverage is available under this Addendum. This requirement will be waived in the event that the Enrollee or the Enrollee’s partner of the opposite sex has a medical condition that renders such treatment useless.

B. For treatments that include oocyte retrievals, coverage will not be provided if Enrollee has already undergone four completed oocyte retrievals, except that if a live birth follows a completed oocyte retrieval, then coverage will be provided for a maximum of two additional completed oocyte retrievals. Such coverage limitation for the treatment of infertility, applies to the lifetime of that individual Enrollee, regardless of the source of payment.

1) Following the final completed oocyte retrieval for which coverage is available, coverage will be provided for one subsequent procedure used to transfer the oocytes or sperm to the Enrollee.

2) The maximum number of completed oocyte retrievals for which the Enrollee is eligible for coverage is six. When the maximum number of completed oocyte retrievals has been reached, except as provided in section (B) (1) above, Infertility benefits will be exhausted.

C. Infertility procedures must be performed at medical facilities that conform to the American Society for Reproductive Medicine’s recommended standards for in vitro fertilization programs and clinics.

**Donor Expenses**

A. The medical expenses of an oocyte or sperm donor for procedures utilized to retrieve oocytes or sperm, and the subsequent procedure used to transfer the oocytes or sperm to the Enrollee is covered. Associated donor medical expenses, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, will also be covered if UnitedHealthcare establishes these services as prerequisites to donation.

B. In order for donor medical expenses to be payable under this Addendum, all medical services received by the donor in connection with the Enrollee’s Infertility treatment must be performed by Participating Providers.

C. If an oocyte donor is used, then the completed oocyte retrieval performed on the donor will count against the Enrollee as one of the completed oocyte retrievals described in section (B) of Benefit Limitations.

**Benefit Exclusions**

Benefits will not be provided for any of the following services, treatment, conditions, charges, fees, or items:

- Treatment of Infertility occurring as a result of voluntary sterilization.

- Charges incurred in connection with reversal of vasectomies, reversal of tubal ligations or the reversal of other voluntary sterilization procedures, including any complications from such procedures. However, in the event the Enrollee proceeds with the reversal of sterilization at his or her own expense, documentation must support the success of the correction and the Enrollee must meet the definition of Infertility in order for Infertility services to be payable under this Addendum;

- Payment for services rendered to a surrogate. However, costs for procedures to obtain eggs, sperm or embryos from an Enrollee will be covered if the Enrollee chooses to use a surrogate;
• Costs associated with cryo preservation and storage of sperm, eggs, and embryos; provided, however, subsequent procedures of a medical nature necessary to make use of the cryo preserved substance shall not be similarly excluded if deemed non-experimental and non-investigational;

• Non-medical costs of an egg or sperm donor. However, medically necessary professional, technical, and facility charges for removal of the donated egg or sperm from a live primary donor will be covered by UnitedHealthcare unless such donation is covered by other insurance. Also, any direct complication resulting from the donation will be covered by UnitedHealthcare for a period not to exceed 90 days following the date of the donation unless such complication is covered by other insurance;

• Experimental or investigational drugs, devices, medical treatment or procedures;

• Infertility treatments rendered to Eligible Dependents under the age of 18;

• Travel costs for travel within 100 miles of the Enrollee's home address as filed with UnitedHealthcare; travel costs not medically necessary, mandated or required by UnitedHealthcare.