

Before we can discuss insurance coverage, you need to understand some basic definitions of infertility services:

Artificial Insemination - (also intra-uterine inseminations, IUI) can be done with or without the use of oral and or injectible medications to induce ovulation, this will vary based on the treatment plan established Dr. Goldstein for your care plan. A sperm preparation is necessary and performed by the ARTS lab.

Medications - can be oral or injectible, and are used to facilitate either ovulation and/or preparation for an IVF cycle. Clomid is given orally and the cost runs \$50-\$100 per treatment cycle. Injectible medications will vary based on each individual patient and can run \$500-\$2500 a treatment cycle and can be used for ovulation induction and insemination as well as with IVF cycles.

Sperm Analysis - necessary to make sure there is adequacy for fertilization to occur.

Sperm Prep/Washing - necessary anytime there will be an artificial/intra-uterine insemination occurring or for and IVF cycle.

ICSI - intracytoplasmic injection-may used for sperm preparation with IVF cycles

Insurance coverage for fertility care will vary based on many factors such as the type of plan (i.e., PPO vs. HMO) and the level of care that may have been chosen (low, standard or high options) or riders selected. Fertility or "infertility" care is usually an option with levels added to the main body of health insurance and is not considered integral to medical care. As such, it is a choice your employer may decide not to offer as the standard health insurance plan benefit. It is almost never a benefit or even an option if you have an individual health insurance policy. Below are some further clarifications of insurance benefit descriptions:

- **No Infertility Coverage or Benefit:** There is no coverage at all for any type of fertility care or medication
- **Investigation and Testing:** This allows us to provide the initial consultation and perform diagnostic testing (laboratory studies, sonograms, HSG) to investigate the cause(s) of the infertility. Surgery, if necessary, is usually covered since it is considered investigational. Once the reason is discovered or a diagnosis is made, no further benefits will be paid by the insurance company. This type of coverage does not usually cover any expenses incurred to achieve a pregnancy or assist in the conception process. Sperm analysis is usually covered, but the sperm preparation for insemination may not be. Medications may be covered, but are usually not.
- **Basic/Limited Coverage:** Covers the investigation and testing as described above, and usually covers artificial insemination and/or ovulation inductions and all associated procedures (lab tests, sonograms, sperm analysis and washing/preparation). Benefits may or may not be covered for oral and/or injectible medications.

• **Full/Comprehensive:** Covers the investigation and testing as described above in addition to the artificial insemination and/or ovulation inductions and all associated procedures (lab tests, sonograms, sperm analysis and washing/preparation) and IVF (in vitro fertilization) and all associated procedures. Oral and injectible medications are usually covered.

- There may be limits on the number of cycles of ovulation induction/intra uterine inseminations and IVF allowed for the lifetime.
- There may also be limits on the amount of coverage that your insurance company will pay on your behalf. This may or may not include the costs of any medications.
- Your insurance company may have limits on both the number of cycles and the maximum dollar amount it will allow.

For instance, you may be allowed only 3 cycles of inseminations per lifetime or \$10,000, whichever comes first. You may be allowed 3 cycles of insemination and 3 cycles of ovulation induction with insemination or 3 cycles period and it doesn't matter which treatment plan you have.

Depending on your insurance type, **you may need to have a referral** from your PCP (primary care physician) prior to your initial consultation.

You may also need to get precertification or authorization for your treatment on an ongoing basis. Aetna usually requires the patient to secure this for all services.

It is always important to see if you may be subject to a pre-existing condition clause which will exclude any and all care for a length of time determined by your insurance company.

Listed below is a general outline of verification of benefits for you to use to help understand what may or may not be covered for your plan. If you have more than one insurance policy, print out two forms and call each insurance company to verify benefits. Make sure you get the name, (including last name or last initial, badge #, confirmation number, etc.) of the person you talked to and time and date of the call. This is very helpful if benefits are not paid as you were told they would be. When you call the insurance company, make sure you have the insurance card with the name, social security and dates of birth of both the insured member and patient (if different) available to expedite the call. Whenever possible ask for a written description of benefits to be mailed, faxed or sent to you. Also check your policy book for additional information. If you have any questions, please give us a call to help.

What type of plan do I have ? PPO/ HMO/ MC/ EPO/ POS/ Other
 Effective date of Plan: _____ Is there a pre-existing clause, if so
 is it : Not Applicable / 3 MOS PRIOR/ 6 MOS PRIOR/ 12 MOS PRIOR

Infertility: Covered: Yes No Referral Needed: Yes No Precert: Yes No

CoPay \$ _____ or % _____ Coinsurance %: _____

Deductible \$ _____ How much is met? Met\$ _____

Lifetime Maximum\$: _____ How much is met? _____

Are the following covered?

How are they paid?

PROCEDURES

LIMITATIONS

Investigation and Testing Only	Y	N	Copay	Coinsurance	Deductible	Max
Consults and Office Visits	Y	N	Copay	Coinsurance	Deductible	Max
IUI-Artificial Insemination	Y	N	Copay	Coinsurance	Deductible	Max
IVF-In vitro fertilization	Y	N	Copay	Coinsurance	Deductible	Max
Sonograms	Y	N	Copay	Coinsurance	Deductible	Max
Lab tests	Y	N	Copay	Coinsurance	Deductible	Max
Medications Oral &/or Injectable	Y	N	Copay	Coinsurance	Deductible	Max
Surgery	Y	N	Copay	Coinsurance	Deductible	Max
Sperm Analysis	Y	N	Copay	Coinsurance	Deductible	Max
Sperm Wash/Preparation	Y	N	Copay	Coinsurance	Deductible	Max
ICSI	Y	N	Copay	Coinsurance	Deductible	Max
Storage for embryo freezing	Y	N	Copay	Coinsurance	Deductible	Max
Frozen embryo transfer	Y	N	Copay	Coinsurance	Deductible	Max
Surrogacy covered	Y	N	Copay	Coinsurance	Deductible	Max
Donor Egg/Sperm	Y	N	Copay	Coinsurance	Deductible	Max

Is there a lifetime maximum? _____

Is there a maximum calendar year benefit _____

Is medication included in the calculation of the maximum or life time benefit Y N

Do I have anything applied to the maximum? _____

Notes: _____

NAME: _____ DATE/TIME: _____

First and last name/initial or extension #