HIMSS Family Planning Benefits

Growing your family can be an exciting time but can also be filled with challenges. HIMSS wants to ensure you have the support you need throughout all stages of family planning.

We know how important this is to your family. Benefits for the diagnosis and/or treatment of infertility are covered under our BlueCross BlueShield (BCBS) medical plans.

You may need to seek multiple types of services, including but not limited to specialist visits, diagnostic services, and outpatient procedures. See the FAQ for quick answers to what we think will be some of your most pressing questions (like—Is there a maximum benefit amount? No.) Please review your Summary of Benefits available on the Intranet for specific plan information.

If you have specific coverage questions, we recommend calling BCBSIL to speak with a benefits specialist. You can contact the number on the back of your ID card or visit Blue Access for Members online.

Benefits are provided for these covered services:

- In vitro fertilization*
- Uterine embryo lavage
- Embryo transfer
- Artificial insemination
- Gamete intrafallopian tube transfer*
- Zygote intrafallopian tube transfer*
- Low tubal ovum transfer*
- Intracytoplasmic sperm injection*
- Treatment for Oocyte retrievals (limited to four completed oocyte retrievals per calendar year except if a live birth follows completed oocyte retrieval then two more completed oocyte retrievals shall be covered per benefit period)

* Procedures must be performed at medical facilities that conform to the American College of Obstetrics and Gynecology.

Additional resources and tools, such as a cost estimator tool, provider search, and support from BCBSIL benefit specialists can be found within BCBS' Blue Access for Members, available online or via the mobile app.

- Login at **www.bcbsil.com/member**
- Download the "BCBSIL Mobile App" in the Apple or Google Play stores

	PPO	HSA	HMO
Deductible	$1,500 individual/ $3,000 family	$3,000 individual/ $6,000 family	$0
Out-of-Pocket Max	$3,000 individual/ $6,000 family	$4,500 individual/ $9,000 family	$1,500 individual/ $3,000 family
Primary Care Visit	$30 copay/ visit	20% coinsurance	$30 copay/ visit
Specialist Visit	$40 copay/ visit	20% coinsurance	$30 copay/ visit
Inpatient Services	20% coinsurance	20% coinsurance	No Charge
Outpatient Services	20% coinsurance	20% coinsurance	$30 copay/ visit
Diagnostic Test (bloodwork)	20% coinsurance	20% coinsurance	No Charge

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Frequently Asked Questions

Q Is the initial consultation covered by my policy?

A Yes, initial consultation is covered.

Q Are diagnostic tests covered?

A Yes, benefits will be provided for the diagnosis and/or treatment of infertility.

Q Does the insurance cover fertility treatment?

A Yes, benefits will be provided for the diagnosis and/or treatment of infertility.

Q Do I need a referral to see a fertility doctor?

A You do not need a referral if you are enrolled in the PPO Plan or High Deductible (HDHP/HSA) Plan. If you are enrolled in the HMO Plan, you will need to first speak with your primary care provider (PCP).

Q Does my fertility benefit cover fertility drugs and injectable medications?

A Yes, benefits are available for fertility drugs in connection with the diagnosis and/or treatment of infertility.

Q What are the deductibles, copays, and/or co-insurance?

A Infertility diagnosis and treatment will be treated the same as all other conditions. Please refer to your Summary of Benefits and Coverage for your deductible, out-of-pocket maximum, copays, and/or coinsurance amounts.

Q Is there a maximum benefit amount?

A There is no dollar maximum on benefits provided.

Q Does the out-of-pocket maximum apply to fertility treatments?

A Yes, the out-of-pocket maximum applies.

Q Is preauthorization necessary for any labs?

A For general labs, no preauthorization is required. However, certain procedure codes may require prior authorization. We recommend speaking with your doctor to discuss your diagnosis/treatment plan. Ask for the specific tests so you are aware ahead of time what you might have to spend. You may also want to speak with a BCBSIL benefit representative for further details as to how treatments would be covered.

Q Is pre-authorization needed for radiology or sonograms?

A Generally, no. However, certain procedure codes may require this. We recommend speaking with your doctor to discuss your diagnosis/treatment plan. Ask for the specific tests so you are aware ahead of time what you might have to spend. You may also want to speak with a BCBSIL benefit representative for further details as to how treatments would be covered.

Q Does the policy cover testing and treatment for male factor infertility?

A Yes, the policy does cover testing and treatment for male factor infertility.

Q How many cycles/rounds of infertility treatment will be covered?

A IVF has a maximum of 4 cycles per calendar year. If a live birth follows a completed IVF cycle, two more completed oocyte retrievals will be covered per calendar year.

Q Is surrogacy covered under the policy?

A Services or supplies rendered to a surrogate are not covered except for costs for procedures to obtain eggs, sperm, or embryos from the member.

Q Does the policy cover same-sex couples?

A Same-sex couples typically do not fall within the BCBS definition of infertility; therefore, benefits would not apply. If your partner also has medical coverage with an employer, you may want to compare benefits and coverage before beginning fertility treatment, as coverage for LGBTQ couples may vary depending on the plan.

Q Does the policy cover domestic partners?

A Yes, the policy does cover domestic partners.

Q Are there any limitations on what is covered?

A Yes, there are some limitations and exclusions. Please refer to your Health Care Benefits Program Certificate for the detailed plan language. These documents can be found on the HIMSS intranet.

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