**UHC IVF Coverage**

Fertility Preservation for Iatrogenic Infertility coverage is only for those that have medical reasons that cause irreversible infertility such as chemotherapy, radiation treatment, and bilateral oophorectomy due to cancer are covered health care services.  This coverage is embedded with the plan coverage.

The buy-up coverage includes the following:

**PPO Coverage**

Services for the treatment of infertility when provided by or under the care or supervision of a Physician, limited to the following procedures:

* Ovulation induction (or controlled ovarian stimulation).
* Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI)).
* Assisted Reproductive Technologies (ART).
* Pharmaceutical Products for the treatment of infertility that are administered on an outpatient basis in a Hospital, Alternate Facility, Physician's office, or in your home.

To be eligible for Benefits, you must meet all of the following:

* The presence of a demonstrated condition recognized by a licensed Physician and surgeon as a
* cause of infertility, or
* The inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of
* regular sexual relations without contraception.
* You have infertility not related to voluntary sterilization or to failed reversal of voluntary sterilization.

**HMO: Coverage**

* Please see the overviews attached for IBD plan and ART plan; IBD does not include IVF, but ART does include it.

**Kasier IVF Coverage -** Listed below are the benefits that come with the plan along with the limitations and Exclusions.

**Limitations and Exclusions**

Services related to conception by artificial means (other than AI/IUI) are excluded under this supplemental fertility benefit including but not limited to:

* Donor semen or eggs, donor ovum, and services related to their procurement and storage
* Ovum transplants
* In vitro fertilization (IVF) unless supplemental [GIFT/ZIFT/IVF](https://protect-us.mimecast.com/s/SRYBC0RoKPTroj2nfLHKWp?domain=sp-cloud.kp.org) benefit is purchased
* Gamete intrafallopian transfer (GIFT) unless supplemental GIFT benefit is purchased
* Zygote intrafallopian transfer (ZIFT) unless supplemental [GIFT/ZIFT/IVF](https://protect-us.mimecast.com/s/SRYBC0RoKPTroj2nfLHKWp?domain=sp-cloud.kp.org) benefit is purchased

Services provided to diagnose and treat non-member partners during fertility care for a member are not covered. For example, if the member is a female and her male partner is not a Health Plan member, evaluation and treatment of male factor infertility are not covered.

**Please see below for the group’s Infertility benefits.**



