

Postal Services Health Benefits Health Benefits Plan - Infertility Services

Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professional		
Infertility services	Standard Option	Basic Option
<p>Infertility is defined as not being able to conceive after 1 year of unprotected sex when the individual with female reproductive organs is under 35 years of age, 6 months of unprotected sex for an individual with female reproductive organs aged 35 years and older, or 12 months of attempts of artificial insemination (6 months for individuals 35 years of age and older). Infertility may also be defined by demonstration of a disease or condition of the reproductive tract such that unprotected sex or artificial insemination would be ineffective. There are many approaches to management of infertility, including traditional fertility treatments such as artificial insemination. Options for use of artificial insemination include intrauterine insemination (IUI), intracervical insemination (ICI), and intravaginal insemination (IVI). Treatment may be permitted based on medical history or diagnostic testing.</p> <p>Diagnosis and treatment of involuntary infertility specific to:</p> <ul style="list-style-type: none"> • Artificial insemination <ul style="list-style-type: none"> -Intrauterine (IUI) -Intracervical (ICI) -Intravaginal (IVI) <p>The plan will cover no less than three cycles (annually) of artificial insemination procedures/services.</p> <p>The following infertility services are considered medically necessary and eligible for reimbursement when provided by in-network providers:</p> <ul style="list-style-type: none"> • Artificial Insemination <ul style="list-style-type: none"> -Intracervical insemination (ICI) -Intrauterine insemination (IUI) -Intravaginal insemination (IVI) • Therapeutic injection of drugs or hormones • Sperm preparation/washing for artificial insemination 	<p>30% of the Plan allowance</p> <p>Nothing for inpatient</p>	<p>50% of the Plan allowance (deductible applies)</p>

Fertility drugs (See Section 5(f) Prescription Drug Benefits for coverage of fertility drugs.		
<p><i>Not covered:</i></p> <p><i>These exclusions apply to fertile as well as infertile individuals or couples:</i></p> <ul style="list-style-type: none"> • <i>Assisted reproductive technology (ART) procedures, including related services and supplies, such as:</i> <ul style="list-style-type: none"> - <i>in vitro fertilization (IVF)</i> - <i>embryo transfer and gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT)</i> • <i>Sperm and eggs (whether from a member or from a donor) and services and supplies related to their procurement and storage, including freezing</i> • <i>Ovum transplants for fertile members</i> • <i>Infertility services when either member of the family has been voluntarily surgically sterilized</i> • <i>Services to reverse voluntary, surgically induced infertility</i> • <i>Services for surrogate mothers who are not Plan members</i> • <i>Preimplantation Genetic Diagnosis (PGD)</i> • <i>Services that are not FDA supported or supported by evidence based guidelines</i> • <i>Services provided by out-of-network providers</i> 	<i>All Charges</i>	<i>All Charges</i>
<p>Iatrogenic Infertility services</p> <p>Coverage is provided for standard fertility preservation procedures for men and women as recognized by the American Society for Reproductive Medicine (ASRM) and/or American Society of Clinical Oncology (ASCO) for anyone facing the possibility of “iatrogenic infertility,” that is, infertility caused by a necessary medical intervention.</p> <p>This type of coverage does not include:</p> <ul style="list-style-type: none"> • Elective fertility preservation, such as egg freezing sought due to natural aging • Infertility treatments such as in vitro fertilization that might be needed after the necessary medical intervention, such as a cancer treatment to achieve a pregnancy; or • Long-term storage costs <p>Note: All the infertility service exclusions listed in the Not Covered section above also apply to the Iatrogenic Infertility services.</p>	<p>30% of the Plan allowance</p> <p>Nothing for inpatient</p>	<p>50% of the Plan allowance (deductible applies)</p>

Infertility Drugs: The Standard and Basic option include coverage for infertility drugs. Coverage is limited to three cycles annually. Some infertility drugs are subject to step therapy and/or quantity limits. Your cost share will be 50% of our allowance.

For additional details regarding Medical Mutual's PSHB Infertility and Iatrogenic Infertility policies and procedures visit the Policies and Procedures section on this site.

Updated: V1 - 11 08 2024