

## **COVERAGE FOR SERVICES RELATED TO INFERTILITY**

All University of Michigan health plans cover services related to infertility. Some services will only be covered if provided by the Michigan Medicine Center for Reproductive Services.

### **Diagnostic Evaluation, Assessment and Counseling**

Coverage for infertility includes diagnostic evaluation, assessment, and counseling when medically necessary and provided according to BCBSM and BCN plan and network rules. Cost sharing and network requirements for these services are dependent on the member's plan, and there are no plan maximums for these services.

### **In Vitro Fertilization (IVF)**

IVF is covered for women through age 42 who are diagnosed with infertility. Single embryo transfer is covered for women under age 35 and double embryo transfers are covered for women ages 35 through 42. History of failed IVF attempts or embryo quality may alter the number of embryos transferred according to evidence-based guidelines.

IVF services are only covered when they are provided by the Michigan Medicine Center for Reproductive Medicine. IVF coverage is subject to a 20% coinsurance as well as a plan lifetime maximum of \$20,000. Details about coverage parameters and exclusions can be found in your health plan documents or by calling your health plan.

### **Fertility Preservation**

Fertility preservation services are covered when medically necessary surgical or medical treatments will impact the ability to produce viable eggs or sperm in the future and result in infertility. In addition, fertility preservation services are covered for members up to age 26 when a genetic condition will result in early menopause or impaired sperm production and cause infertility in subsequent years.

Covered services for women up to age 43 include: egg retrieval, cryopreservation and storage for one year; or egg retrieval, fertilization, embryo cryopreservation and storage for one year. Covered services for men include semen cryopreservation and storage for one year and testicular aspiration to retrieve sperm when medically necessary.

Fertility preservation services are only covered when received at the Michigan Medicine Center for Reproductive Medicine, and are subject to a 20% coinsurance as well as a plan lifetime maximum of \$20,000 (IVF and fertility preservation combined plan maximum). Details about coverage parameters and exclusions can be found in your health plan documents or by calling your health plan.

### **Prescription Benefits**

The U-M Prescription Drug Plan, which covers outpatient prescription drugs for all members enrolled in University of Michigan health plans, will cover five prescriptions per lifetime per family of the following self-administered infertility medications: Bravelle (urofollitropin), Follistim AQ (follitropin), Gonal-F (follitropin alfa), and Menopur (menotropins). Other self-administered infertility medications are not limited to the five-prescription lifetime family maximum.

Each time a claim for one of these medications is processed for any member of the family, the prescription count is accumulated towards the five-prescription lifetime family maximum. You will continue to pay your standard copay. After five of these prescriptions are filled, the U-M Prescription Drug Plan will pay no additional costs and you will be responsible for the full costs of these medications.

Each prescription has a maximum 34-day supply and the maximum allowed quantity based on recommended dosing for each drug. Some medications will require prior authorization for men and women age 45 and older.

Most infertility medications are specialty medications and are covered only when filled at Michigan Medicine Specialty Pharmacy, even if your doctor is not affiliated with Michigan Medicine. Please consult your doctor regarding this information to assist in your treatment planning, as needed.

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