

Infertility Basic Diagnosis and Treatment  
 Supplement to the Combined Evidence of Coverage and Disclosure Form

**Offered by UnitedHealthcare of California**

This brochure contains important information for our Members about the UnitedHealthcare Infertility Basic Diagnosis and Treatment supplemental benefit. As a Member you shall be entitled to receive basic diagnostic services and treatment for infertility as described in this brochure. You will find important definitions in the back of this document regarding your infertility supplemental benefit.

- Electrical Assistance for Recovery of Sperm (EARS), when medically indicated, as when the Member is a paraplegic or quadriplegic, as approved by UnitedHealthcare’s Medical Director or designee;
- HIV, Hepatitis B surface antibody, Hepatitis C antibody, HTLV-1 and syphilis testing of male partner prior to artificial insemination.

**Benefits**

UnitedHealthcare’s Basic Infertility Services must be Medically Necessary and consistent with accepted standards of care for the diagnosis and treatment of infertility. Services must be authorized and directed by the Participating Medical Group or the UnitedHealthcare SignatureValue™ Advantage Participating Medical Group (for Advantage participants) and benefits are subject to the Exclusions and Limitations stated below:

**Diagnosis of Infertility**

- a. Complete medical history.
- b. Female general medical examinations. Examples include but are not limited to:
  - Pelvic exam;
  - Routine laboratory investigation for hormonal disturbances (e.g., FSH, LH, prolactin);
  - Cultures for infectious agents;
  - Serum progesterone determination;
  - Laparoscopy;
  - Hysterosalpingogram.
- c. Male general medical examination. Examples include but are not limited to:
  - Semen analysis up to three times following five days of abstinence;
  - Huhner’s Test or Post Coital Examinations;
  - Laboratory studies (e.g., FSH, LH, prolactin, serum testosterone);
  - Testicular biopsy when Member has demonstrated azoospermia;
  - Scrotal ultrasound, when appropriate for azoospermia;

**Treatment of Infertility**

- a. Insemination Procedures are limited to six procedures, per lifetime unless the Member conceives, in which case the benefit renews.
- b. Clomid used during the covered periods of infertility is covered as part of this Supplemental Benefit and is not a covered pharmaceutical through UnitedHealthcare’s supplemental pharmacy coverage.
- c. Injectable medications and syringes for the treatment of infertility are covered as part of this Supplemental Infertility Benefit and are not a covered pharmaceutical through UnitedHealthcare’s supplemental pharmacy coverage. Examples include:
  - Pergonal;
  - Profasi;
  - Metrodin;
  - Urofollitropin;
  - Coverage for other injectable drugs not listed above will be reviewed based on Medical Necessity for the specific Member, and FDA recommendations, including off-label use for the drug requested.

**Questions? Call the Customer Service Department at  
 1-800-624-8822 or 1-800-442-8833 (TDHI).**

## Coverage

All benefits, including physician services, procedures, diagnostic services or medications are covered at 50 percent of cost Copayment (based upon UnitedHealthcare's contractual rate for the services provided with the infertility provider(s)).

## Exclusions

- Services not authorized and directed by the Participating Medical Group or the Advantage Participating Medical Group (for Advantage participants).
- Medication for the treatment of sexual dysfunction, including erectile dysfunction, impotence, anorgasmy or hyporgasmy.
- Infertility service after a previous elective vasectomy or tubal ligation, whether or not a reversal has been attempted or completed.
- Reversal of a previous elective vasectomy or tubal ligation.
- All Medical and Hospital infertility services and supplies for a Member whose fertility is impaired due to an elective sterilization. This includes any supplies, medications, services and/or procedures used for an excluded benefit, e.g., GIFT, ZIFT or IVF.
- Further infertility treatment when either or both partners are unable due to an identified exclusion in this Supplemental Benefit or unwilling to participate in the treatment plan prescribed by the infertility physician.
- Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome).
- Insemination with semen from a partner with an infectious disease which, pursuant to guidelines of the Society of Artificial Reproductive Technology, has a high risk of being transmitted to the female partner and/or infecting any resulting fetus. This exclusion would not prohibit the Member's purchase of donor sperm or from obtaining a donor with appropriate testing, at the Member's expense, to receive the eligible infertility benefits.
- Microdissection of the zona or sperm microinjection.
- Experimental and/or Investigational diagnostic studies or procedures, as determined by UnitedHealthcare's Medical Director or Designee.
- Advanced infertility procedures, as well as In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT) and Zygote Intrafallopian Transfer (ZIFT) and procedures performed in conjunction with advanced infertility procedures, IVF, GIFT and ZIFT.

- Infertility services for non-members (e.g., surrogate mothers who are not UnitedHealthcare Members).
- Maternity care and services for non-members.
- Intravenous Gamma Globulin (IVIG).
- Any costs associated with the collection, preparation, storage of or donor fees for the use of donor sperm that may be used during a course of artificial insemination. This includes HIV testing of donor sperm when male factor infertility exists; e.g., use of another male relative's sperm.
- Artificial insemination procedures in excess of six, when a viable infant has not been born as a result of infertility treatment(s) or unless the Member conceives. The benefit will renew if the Member conceives.
- Ovum transplants, ovum or ovum bank charges.

## Definitions

1. Infertility is defined as either:
  - a. The presence of a demonstrated medical condition recognized by a licensed physician or surgeon as a cause of infertility; or
  - b. The inability of a woman to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception;
2. Basic Infertility Services are the reasonable and necessary services associated with the diagnosis and treatment as disclosed in this document, unless the UnitedHealthcare Medical Director or designee determines that:
  - a. Continued treatment has no reasonable chance of producing a viable pregnancy; or
  - b. Advanced Reproductive Therapy services are necessary, which are excluded under this supplemental benefit.
  - c. The Member has received the lifetime benefit maximum of six artificial insemination procedures; cumulatively under one or more UnitedHealthcare Health Plans has occurred.
3. Advanced Reproductive Therapy, as excluded under this Basic Infertility Services benefit are:
  - a. In Vitro Fertilization (IVF). A highly sophisticated infertility treatment that involves obtaining mature eggs (oocytes) by surgical or nonsurgical procedures and combining the eggs and sperm in a laboratory setting. If fertilization and cell division occur, the resulting embryo(s) are transferred to the uterine cavity where implantation and pregnancy may occur.

- b. Gamete Intrafallopian Transfer (GIFT). An infertility treatment that involves obtaining eggs (through medical and surgical procedures) and sperm, loading the eggs and sperm into a catheter, then emptying the contents of the catheter into the fallopian tube. The intent of this procedure is to have fertilization occur in the fallopian tubes as it would in a fertile woman.
  - c. Zygote Intrafallopian Transfer (ZIFT). An infertility treatment that involves obtaining mature eggs (oocytes) by surgical or nonsurgical procedures and combining the eggs and sperm in a laboratory setting. The fertilized oocytes, or zygotes, are transferred to the fallopian tube before cell division occurs. The intent of this procedure is to have the zygote travel to the uterus via the fallopian tube as it would in a fertile woman.
- 4. Lifetime benefit maximum is individually cumulative for the Member over one or more UnitedHealthcare plans. Any Member that terminates from a UnitedHealthcare Health Plan with a lifetime benefit maximum, and subsequently re-enrolls in another UnitedHealthcare Plan with a lifetime benefit maximum, will carry over any previous benefit utilization calculated by his or her previous UnitedHealthcare benefit coverage into the new UnitedHealthcare Benefit plan. In the event the Member has exhausted the lifetime benefit maximum on the previous UnitedHealthcare Health Plan, the Member is no longer eligible for any further benefits.

**P.O. Box 30968  
Salt Lake City, UT 84130-0968**

**Customer Service:  
1-800-624-8822  
1-800-442-8833 (TDHI)  
[www.uhcwest.com](http://www.uhcwest.com)**

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