

Additional Blue Shield Infertility Benefits

City and County of San Francisco Group #H11054

How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix¹). Coverage includes authorized professional, hospital, ambulatory surgery center, and ancillary services, as well as injectable drugs administered or prescribed to diagnose the cause, and treatment of infertility².

Coverage Details

The following procedures are limited, per plan-year as shown.

- Six (6) natural (without ovum [egg] stimulation) artificial inseminations and;
- Three (3) stimulated (with ovum [egg] stimulation) artificial inseminations and;
- One (1) gamete intrafallopian transfer (GIFT), in-vitro fertilization (IVF), or zygote intrafallopian transfer (ZIFT) per lifetime
- Cryopreservation of sperm/eggs/embryos when retrieved from a Subscriber, spouse, or Domestic Partner covered hereunder. Benefits are limited to one retrieval and one year of storage per person per lifetime.

All benefits are subject to a lifetime benefit maximum and copayment.

Plan Options	Lifetime Benefit Maximum	Copayment
Custom Access+ HMO [®]	None	50% of the allowable amount

1. If you are an Access+ HMO member, services that diagnose and treat infertility are included in your basic plan benefits.
2. These services are covered only when authorized by Blue Shield, and provided by an HMO plan provider (Access+ HMO Plans). Procedures must be consistent with established medical practice in treatment of infertility and induced fertilization.

This is only a summary for informational purposes. It is not a contract. Please refer to the plan contract and *Evidence of Coverage* for a detailed description of covered benefits and limitations.

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