

Benefit Section	FEHB Certificate – Member Cost Share		
Section 5(a). Infertility Services	High Option	Standard Option	Basic Option
<p>Diagnosis of infertility</p>	<p>See Section 5(a) for covered labs, diagnostic test and x-rays.</p> <p>See Section 5(b) for covered surgical services.</p> <p>See Section 5(f) for covered prescription drugs.</p>	<p>See Section 5(a) for covered labs, diagnostic test and x-rays.</p> <p>See Section 5(b) for covered surgical services.</p> <p>See Section 5(f) for covered prescription drugs.</p>	<p>See Section 5(a) for covered labs, diagnostic test and x-rays.</p> <p>See Section 5(b) for covered surgical services.</p> <p>See Section 5(f) for covered prescription drugs.</p>
<p>Physician, hospital and ambulatory surgical center services for the treatment of infertility, such as:</p> <ul style="list-style-type: none"> • Artificial insemination up to six cycles annually: <ul style="list-style-type: none"> – Intravaginal insemination (IVI) – Intracervical insemination (ICI) – Intrauterine insemination (IUI) • Other Services, such as: <ul style="list-style-type: none"> – Chromotubation – Fimbrioplasty – Salpingostomy – Labs – Injectable drugs billed on medical claims • Fertility drugs (See Prescription Drugs in Section 5(f)) 	<p>50% of the allowed amount of covered services.</p> <p>Member pays 100% of all artificial insemination charges that exceed the six cycle annual limit.</p>	<p>50% of the allowed amount of covered services.</p> <p>Member pays 100% of all artificial insemination charges that exceed the six cycle annual limit.</p>	<p>50% of the allowed amount of covered services.</p> <p>Member pays 100% of all artificial insemination charges that exceed the six cycle annual limit.</p>
<p>Note:</p>	<p>Fertility Treatment is the treatment or procedure intended to assist conception, undergone as the result of infertility or for any other reason.</p>		

Infertility is a disease of the reproductive system defined by the failure to achieve a pregnancy by any means including artificial insemination after 12 months or more of attempts to conceive for individuals under age 35; and 6 months for individuals age 35 and older. Infertility may also be established through evidence of medical history and diagnostic testing.

The diagnosis of infertility and certain services for fertility treatment in connection with the voluntary planning of conceiving a child are covered. Coverage includes benefits for professional, hospital and ambulatory surgical center services. Services for the diagnosis of infertility and fertility treatment must be received from or under the direction of a physician. All services, supplies, drugs and associated expenses for fertility treatment are not covered. See Section 5(f). Prescription Drug Benefits for coverage of fertility treatment drugs.

Prior authorization (approval in advance) is required before you receive certain biologics, biosimilars and professionally administered drugs. Certain biologics, biosimilars and professionally administered drugs may be subject to step therapy. In certain cases, it is possible to get an exception to step therapy requirements. To obtain more information about the step therapy exception process, call the Dean Health Plan Customer Care Center at the number listed on the front of this certificate.

To determine if Dean Health Plan requires prior authorization for a particular service or treatment, please call the Dean Health Plan Customer Care Center at the number listed on the front of this certificate. Please see Section 3. How You Get Care for more information about prior authorization requirements and processes.

Not covered:

- Consultation, treatment, or procedures for Assisted Reproductive Technology (ART).

Assisted Reproductive Technology (ART): All treatments or procedures that include the handling of human eggs, sperm, and/or embryos to help an individual become pregnant. ART includes, but is not limited to, gamete intrafallopian transfer (GIFT), uterine embryo lavage, embryo transfer, in vitro fertilization (IVF), pronuclear state transfer (PROST), tubal embryo transfer (TET), zygote intrafallopian transfer (ZIFT), low tubal ovum transfer, intracytoplasmic sperm injection, cryopreservation (e.g., egg, embryo, sperm), and other third party-assisted ART methods (e.g., sperm donation, egg donation, Traditional Surrogates and Gestational Carriers, embryo donation).

All charges

All charges

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Section 5(f). Prescription Drug Benefits	High Option	Standard Option	Basic Option
<p>Outpatient Infertility Drugs</p> <p>Self-Injectable and Oral medications for the diagnosis and treatment of infertility, except as described below under not covered.</p> <p>Dean Health Plan’s drug formulary covers all related drug categories of fertility drugs, including IVF medications with an approved prior authorization when Prescribed by a Reproductive Specialist AND Member has a primary diagnosis of infertility AND this medication is NOT prescribed for assisted reproductive technology.</p> <p>The outpatient infertility pharmacy benefit allows for up to three IVF cycles annually (5 months of medications).</p> <p>Note: See formulary for covered drugs at https://www.deancare.com/getmedia/95ae4b9f-4408-4462-a504-f82063259610/Traditional-4-Tier-Formulary.pdf</p> <p>See formulary management procedures at https://www.deancare.com/members/pharmacy-benefits/formulary-management-procedures</p>	<p>50% copayment of the allowed amount per unit or refill regardless of the tier the covered formulary drug is on.</p>	<p>50% copayment of the allowed amount per unit or refill regardless of the tier the covered formulary drug is on.</p>	<p>50% copayment of the allowed amount per unit or refill regardless of the tier the covered formulary drug is on.</p>
<p>Not covered:</p> <ul style="list-style-type: none"> Infertility drugs, including, but not limited to, those administered by a medical provider for the purpose of Assisted Reproductive Technology (ART). 	<p>All charges</p>	<p>All charges</p>	<p>All charges</p>

Section 10. Definitions of Terms We Use In This Brochure	High Option	Standard Option	Basic Option
Definitions of Terms We Use In This Brochure	Fertility Treatment: Treatment or procedure intended to assist conception, undergone as the result of infertility or for any other reason.	Fertility Treatment: Treatment or procedure intended to assist conception, undergone as the result of infertility or for any other reason.	Fertility Treatment: Treatment or procedure intended to assist conception, undergone as the result of infertility or for any other reason.
	Infertility is a disease of the reproductive system defined by the failure to achieve a pregnancy by any means including artificial insemination after 12 months or more of attempts to conceive for individuals under age 35; and 6 months for individuals age 35 and older. Infertility may also be established through evidence of medical history and diagnostic testing.	Infertility is a disease of the reproductive system defined by the failure to achieve a pregnancy by any means including artificial insemination after 12 months or more of attempts to conceive for individuals under age 35; and 6 months for individuals age 35 and older. Infertility may also be established through evidence of medical history and diagnostic testing.	Infertility is a disease of the reproductive system defined by the failure to achieve a pregnancy by any means including artificial insemination after 12 months or more of attempts to conceive for individuals under age 35; and 6 months for individuals age 35 and older. Infertility may also be established through evidence of medical history and diagnostic testing.
	Assisted Reproductive Technology (ART): All treatments or procedures that include the handling of human eggs, sperm, and/or embryos to help an individual become pregnant. ART includes, but is not limited to, gamete intrafallopian transfer (GIFT), uterine embryo lavage, embryo transfer, in vitro fertilization (IVF), pronuclear state transfer (PROST), tubal embryo transfer (TET), zygote intrafallopian transfer (ZIFT), low tubal ovum transfer, intracytoplasmic sperm injection, cryopreservation	Assisted Reproductive Technology (ART): All treatments or procedures that include the handling of human eggs, sperm, and/or embryos to help an individual become pregnant. ART includes, but is not limited to, gamete intrafallopian transfer (GIFT), uterine embryo lavage, embryo transfer, in vitro fertilization (IVF), pronuclear state transfer (PROST), tubal embryo transfer (TET), zygote intrafallopian transfer (ZIFT), low tubal ovum transfer, intracytoplasmic sperm injection, cryopreservation	Assisted Reproductive Technology (ART): All treatments or procedures that include the handling of human eggs, sperm, and/or embryos to help an individual become pregnant. ART includes, but is not limited to, gamete intrafallopian transfer (GIFT), uterine embryo lavage, embryo transfer, in vitro fertilization (IVF), pronuclear state transfer (PROST), tubal embryo transfer (TET), zygote intrafallopian transfer (ZIFT), low tubal ovum transfer, intracytoplasmic sperm injection, cryopreservation

	(e.g., egg, embryo, sperm), and other third party-assisted ART methods (e.g., sperm donation, egg donation, Traditional Surrogates and Gestational Carriers, embryo donation).	(e.g., egg, embryo, sperm), and other third party-assisted ART methods (e.g., sperm donation, egg donation, Traditional Surrogates and Gestational Carriers, embryo donation).	(e.g., egg, embryo, sperm), and other third party-assisted ART methods (e.g., sperm donation, egg donation, Traditional Surrogates and Gestational Carriers, embryo donation).
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