

Medical coverage to help you start or grow your family

As part of the company’s commitment to your overall health and in keeping with our focus on diversity, we offer industry-leading coverage and support to help employees who need assistance starting or building their families.

As a first step, visit Inflection (*formerly called FertilityIQ*) at benefits4me.inflectioniq.com for access to online courses, lessons, and provider reviews and searches. Inflection makes overwhelming fertility and menopause topics easy to understand. More information on Inflection is available on [Benefits4MeInfo > Family Planning & Support](#).

Our medical plans cover services to diagnose and treat infertility if you or a covered dependent has not been able to conceive. In addition, Blue Cross Blue Shield of Massachusetts (BCBS), our medical plan administrator, may approve fertility coverage for:

- You or a covered dependent who has a treatment that is expected to cause infertility, including transgender surgery; or
- Same-sex female couples without documented infertility (*see more on [page 2](#)*).

You and your health care provider must receive approval from BCBS before you begin care. Contact Included Health at 1-833-938-9948 for additional information on covered services and for information on the amount you will pay for care.

Medically Assisted Reproduction (MAR) – Covered Services

- **Intrauterine insemination (IUI)**
- **Sperm and egg retrieval and processing**
- **In vitro fertilization (IVF) with or without Intracytoplasmic Sperm Injection (ICSI)***
- **Assisted embryo hatching***
- **Embryo transfer**
- **Mild ovarian stimulation with intravaginal fertilization and culture**
- **Sperm cryopreservation**, unless covered by another health plan

If you meet the medically necessary criteria, you do not have to use all frozen embryos during an IVF treatment cycle before another fresh cycle is approved.

** **Note:** If you receive care from a preferred provider, this service does not require documented infertility. If you receive care from a non-preferred provider, this service does require documented infertility. Work with Included Health to identify preferred providers. See [page 4](#) for Included Health contact information.*

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- **Embryo cryopreservation** for you or your covered spouse or domestic partner, under the age of 44, unless covered by another health plan
- **Egg cryopreservation** for you or your covered spouse or domestic partner, under the age of 44
 - To receive this coverage, you must:
 - > Complete a visit to a reproductive endocrinologist for a clinical evaluation to determine fertility and clinical candidacy for egg cryopreservation; and
 - > Receive counseling from a reproductive endocrinologist regarding egg cryopreservation including, but not limited to, decision making options involving egg cryopreservation as a fertility preservation technique; indications for egg cryopreservation; a description and understanding of, as well as the possible complications of, the medications and procedures involved in egg harvesting and cryopreservation.
 - Benefits for covered egg cryopreservation, including storage of cryopreserved eggs, are limited to a lifetime benefit maximum of \$20,000 for each covered individual. You will be responsible for paying any costs above this lifetime maximum.

Note: This coverage is not available if:

- > You are currently undergoing infertility treatment;
- > You are diagnosed as infertile based on clinical evaluation or will become infertile due to a medical condition; or
- > You are currently undergoing the gender transition process.

In these situations, coverage for medically necessary services may be available. Contact Included Health using the information on [page 4](#) for details.

EMD SERONO DRUGS ARE 100% COVERED

If you need prescriptions for family planning—or any other reason—and are enrolled in one of our BCBS plans, EMD Serono drugs marketed in the U.S. are 100% covered. This means you'll have a \$0 copay for the Core or Buy-Up plans or 0% coinsurance once you reach your deductible for the Consumer Choice plan. EMD Serono Fertility drugs include: Cetrotide, Gonal-F, and Ovidrel.

Covered Services for Same-Sex Female Couples

- **Intrauterine insemination (IUI)** without documented infertility, when completed under the direction of your physician. **Note:** A pre-service approval is not required for these services.
- **Use of cryopreserved eggs created by either partner** when created for fertility preservation as part of the in vitro fertilization (IVF) process.
- **Reciprocal in vitro fertilization (IVF) treatment**, without first undergoing IUI, for same-sex female couples without documented infertility.
 - Reciprocal IVF treatment is the use of eggs from one partner that have been inseminated with donor sperm and transferred into the other partner who then carries the pregnancy and gives birth.
 - A pre-service approval is required from BCBS in order to receive coverage for this treatment.
- **Donor sperm** without documented infertility.



Coverage is not available for:

- Long-term sperm or egg preservation or long-term cryopreservation not associated with active infertility treatment, except as described above for an enrolled employee or the employee's enrolled spouse (or domestic partner) under the age of 44;
- Costs that are associated with achieving pregnancy through surrogacy (gestational carrier). However, the company offers adoption and surrogacy assistance, which reimburses you up to \$5,000 for eligible expenses. This coverage is available outside your medical plan. Contact Included Health for details. See [page 4](#) for contact info;
- Infertility treatment that is needed as a result of a prior sterilization or unsuccessful sterilization reversal procedure (except for medically necessary infertility treatment that is needed after a sterilization reversal procedure that is successful as determined by appropriate diagnostic tests); and
- In vitro fertilization furnished for you or a covered individual who is deemed fertile in order to select the genetic traits and sex of the embryo (coverage may be available for the genetic testing alone).



costs for care

There are some variables that affect how much you will pay for care, including the company medical plan you're enrolled in, the providers you choose and whether you've met your annual deductible. Contact Included Health or your provider directly for information on how much visits and procedures cost. The following chart will help you calculate the amount you'll pay toward that total cost.

	Core Plan		Buy-Up Plan		Consumer Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician office visit	\$20 copay for in-person or telehealth care with a primary care provider, including a family or general practitioner, OB/GYN or internist appointment* \$30 copay for a specialist visit, including outpatient hospital care and a nurse practitioner or physician assistant considered a specialist	40% coinsurance after deductible	\$20 copay for in-person or telehealth care, including a family or general practitioner, OB/GYN or internist appointment* \$30 copay for a specialist visit, including outpatient hospital care and a nurse practitioner or physician assistant considered a specialist	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgical facility services	20% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Office or health center surgery	\$20 copay per in-person or post-operative telehealth visit with a primary care provider \$30 copay with a specialist provider	40% coinsurance after deductible	\$20 copay per in-person or post-operative telehealth visit with a primary care provider \$30 copay with a specialist provider	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient lab tests and X-rays/ diagnostic X-rays and other imaging tests	No cost or subject to 20% coinsurance, depending on where the tests are processed Ask your provider for details	40% coinsurance after deductible	No cost or subject to 10% coinsurance, depending on where the tests are processed Ask your provider for details	40% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible

* Beginning 1/1/24 virtual primary care is free through Firefly Health, Carbon Health, and Well Connection. More information and a provider search are available on the MyBlue app or member.bluecrossma.com.



Let us help

Included Health is available to help you every step of the way:

- Your personal care team can help you understand a diagnosis, prepare for additional appointments, find providers, schedule appointments, understand costs, and more.
- Call **1-833-938-9948** 24-hours a day, seven days a week.
- Visit [includedhealth.com/Benefits4Me](https://www.includedhealth.com/Benefits4Me).



What does it all mean?

The following list defines the terms used in this communication. For a more complete glossary, refer to the [International Glossary on Infertility and Fertility Care](#) and [Learning the Language: Deciphering Infertility Acronyms](#).

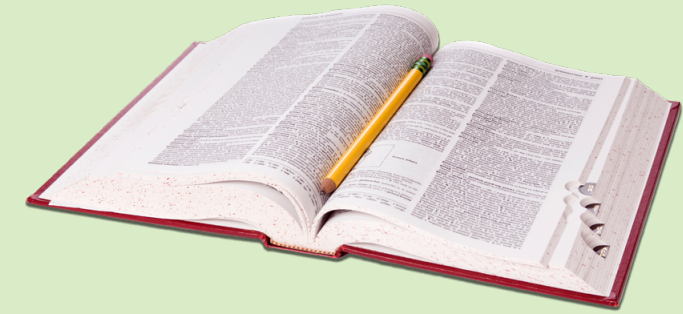
Intrauterine Insemination: The injection of processed semen into the vagina or uterus other than by sexual intercourse.

Medically Assisted Reproduction (MAR): Reproduction brought about through various interventions, procedures, surgeries and technologies to treat different forms of fertility impairment and infertility. These include ovulation induction, ovarian stimulation, ovulation triggering, all Assisted Reproductive Technology (ART) procedures, uterine transplantation and intrauterine intracervical and intravaginal insemination with semen of husband/partner or donor.

Assisted Reproductive Technology (ART): All interventions that include the in vitro handling of both human eggs and sperm or of embryos for the purpose of reproduction. This includes, but is not limited to, IVF and embryo transfer (ET); intracytoplasmic sperm injection (ICSI); embryo biopsy; preimplantation genetic testing (PGT); assisted hatching; gamete and embryo cryopreservation; semen, eggs and embryo donation; and gestational carrier cycles.

Conceive: When a sperm successfully fertilizes an egg and the woman becomes pregnant.

Cryopreservation: The process of slow freezing or vitrification to preserve biological material (e.g. gametes, zygotes, cleavage-stage embryos, blastocysts or gonadal tissue) at extreme low temperature.



Egg: The female gamete (oocyte).

Egg Donation: Eggs received from a known or anonymous female donor.

Embryo: The biological organism resulting from the development of the zygote (fertilized egg), until eight completed weeks after fertilization, equivalent to 10 weeks of gestational age.

Embryo Biopsy: Part of preimplantation genetic testing (PGT) used to evaluate the genetic material of the embryos created through in vitro fertilization (IVF). Cells are removed from each developing embryo for genetic analysis.

Endocrinology: The study of the medical aspects of hormones, including diseases and conditions associated with hormonal imbalance, damage to the glands that make hormones, or the use of synthetic or natural hormonal drugs.

Fertility Specialist: A reproductive endocrinologist — a physician who practices a subspecialty of obstetrics and gynecology called reproductive endocrinology and infertility (REI).

Genetic Testing: Examining your DNA, the chemical database that carries instructions for your body's functions to reveal changes or alterations in your genes that may cause illness or disease.



Gestational Carrier: A woman who carries a pregnancy with an agreement that she will give the offspring to the intended parent(s). Gametes can originate from the intended parent(s) and/or a third party (or parties).

Infertility: A disease characterized by the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or due to an impairment of a person's capacity to reproduce either as an individual or with his/her partner. Fertility interventions may be initiated in less than 1 year based on medical, sexual and reproductive history, age, physical findings and diagnostic testing. Infertility is a disease, which generates disability as an impairment of function.

In Vitro Fertilization (IVF): A sequence of procedures that involves extracorporeal fertilization of gametes. It includes conventional in vitro insemination or ICSI.

Intracytoplasmic Sperm Injection (ICSI): A procedure in which a single spermatozoon is injected into the egg cytoplasm.

Male Infertility: Infertility attributed to a man's reproductive system.

Miscarriage: Spontaneous loss of a pregnancy before the 20th week, most often before the 12th week.

Ovulation: The natural process of expulsion of a mature egg from its ovarian follicle.

Ovulation Dysfunction: Occurs when a woman has irregular, infrequent menstrual periods or does not ovulate at all.

Pre-Embryo: A human embryo or fertilized egg in the first fourteen days after fertilization, before implantation in the uterus has occurred.

Preimplantation Genetic Testing (PGT): A test performed to analyze the DNA from eggs (via polar body biopsy) or embryos (cleavage stage [via blastomere biopsy] or blastocyst [via trophoctoderm biopsy]) for HLA-typing or for determining genetic abnormalities. These include: PGT for aneuploidies (PGT-A); PGT for monogenic/single gene defects (PGT-M); and PGT for chromosomal structural rearrangements (PGT-SR).

Semen Analysis: A description of the ejaculate to assess function of the male reproductive tract. Characteristic parameters include volume, pH, concentration, motility, vitality, morphology of spermatozoa and presence of other cells.

Surrogacy: When a woman is artificially inseminated with the father's sperm. She then carries the baby and delivers it for the parents to raise.

Unexplained Infertility: Infertility in patients with apparently normal ovarian function, Fallopian tubes, uterus, cervix and pelvis and with adequate coital frequency; and apparently normal testicular function, genito-urinary anatomy and a normal ejaculate. The potential for this diagnosis is dependent upon the methodologies used and/or those methodologies available.

**YOUR JOURNEY IS UNIQUE,
AND WE WORK HARD
TO OFFER GENEROUS,
HIGH-QUALITY BENEFIT
PROGRAMS TO SUPPORT
YOU AND YOUR FAMILY.**

This guide is an overview of your company benefits. To be eligible for the benefits described, you must be enrolled in a company medical plan through Blue Cross Blue Shield of Massachusetts, unless stated otherwise. Every effort has been made to ensure that the information is accurate. If, however, there is a discrepancy between this guide and the plan documents, summary plan descriptions (SPDs), or Summaries of Benefits and Coverage (SBCs), the applicable plan document, SPD, or SBC shall govern. You can also find additional details in these documents, which are available on benefits4meenroll.com.



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SERONO**

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SIGMA**

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ELECTRONICS**