Advanced Reproductive Therapy
GIFT, ZIFT and IVF

Advanced Reproductive Therapy
Your PacifiCare coverage includes Advanced Reproductive Therapy benefits. This includes evaluation for infertility services for qualified PacifiCare Members who have been unable to conceive a pregnancy or carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception.

What services are included?
With authorization from your Primary Care Physician and a PacifiCare Medical Director, you may have access to one or all of the following procedures:
- In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT) and Zygote Intrafallopian Transfer (ZIFT), including the following services:
  - Complete medically appropriate diagnostic work-up and corrective medical services, e.g., hormonal therapy
  - Injectable ovulation induction drugs necessary for the Advanced Reproductive Therapy Cycle
  - Swim-up semen analysis – not applicable if semen is frozen
  - Ovulation monitoring/ultrasound examinations
  - Ova retrieval
  - Embryo, gamete or zygote transfer
  - Fertilization and embryo culture

These benefits are limited during your lifetime to three cycles, including dropped cycles, of either IVF, GIFT or ZIFT (including sperm micromanipulation) or any combination of these procedures.

Eligibility and Authorization
PacifiCare Advanced Reproductive Therapy Benefits have been established for a Member who is part of a couple or a single individual, if the Participating Medical Group and PacifiCare Medical Director, in accordance with professionally recognized standards of practice, determine that benefits would have the potential to produce a pregnancy resulting in a live birth.

Each individual or member of a couple must be at least 18 years of age to be eligible.

Benefits are limited to three cycles (see above) regardless of whether the cycle occurred when the Member was part of a couple or when the Member was a single individual.

If you are a part of a couple and have received benefits for three cycles, you will not be eligible for additional cycles, even if you become single or enter into a new couple relationship. Likewise, if you are single and have exhausted three cycles, you will not become eligible for additional cycles if you later enter into a couple relationship.

However, if you are a part of a couple and your relationship ends when you have received benefits for only one cycle, both you and your ex-partner would be entitled to two additional cycles. (And if you received two cycles as a couple, each individual would be entitled to one additional cycle if the relationship is ended.)

Details of Benefits

Maximum Benefit
Benefits are limited to three (3) cycles, including dropped cycles per lifetime.

Percentage Payable of Covered Services
You pay 50% of your bill until you reach your medical Annual Copayment Maximum; PacifiCare pays 100% thereafter.

Annual Copayment Maximum
Member is responsible for meeting the medical Annual Copayment Maximum for each new calendar year.

General Exclusions and Limitations
The following services and procedures are limited or excluded from coverage:
- Services not authorized and directed by Member’s Primary Care Physician in Member’s Participating Medical Group.
- Continued Advanced Reproductive Therapy if Member refuses to follow the instructions of the treating Physician and/or does not keep routine appointments.
- Any supplies, services and/or procedures when donated ova will be used.
Embryo cryopreservation, storage or transfer of cryopreserved embryos.

- Surgical reconnection of the fallopian tube to reverse an elective sterilization.
- Vasectomy reversal due to elective sterilization.
- Any costs associated with the collection, preparation or storage of sperm for artificial insemination including donor fees.
- Maternity services (pre- or postnatal). Couples and single individuals must return to their Participating Medical Group for coverage.
- Services in excess of three (3) lifetime Cycles, as explained in “Eligibility and Authorization.” (An eligible Member who is part of a couple which has exhausted three cycles does NOT become eligible for additional cycles upon subsequently entering into a new couple relationship or becoming a single individual. Nor does a single individual who has exhausted three cycles become eligible for additional cycles upon subsequently entering into a couple relationship.)

Definitions

**Advanced Reproductive Therapy**: In Vitro Fertilization (IVF), or Gamete Intrafallopian Transfer (GIFT), or Zygote Intrafallopian Transfer (ZIFT), and the associated Physician, Facility, supplies, medications and other Covered Services.

**Couple**: Two individuals, one or both of whom are female, and refers to either:

1. a Subscriber and **enrolled** spouse; or
2. a Subscriber and **enrolled** domestic partner, if:
   - neither person is married;
   - both persons are eighteen (18) years of age or older;
   - the domestic partner resides with the Subscriber and intends to do so permanently;
   - the domestic partner is jointly responsible with the Subscriber for the common welfare and financial obligations of the domestic partnership; **and**
   - the domestic partner is not related by blood to the Subscriber to a degree of closeness that would prohibit marriage between a male/female couple in California.

**Cycle**: Drug-induced ovulation and monitoring of hormonal levels, with ova retrieval, regardless of implantation outcome.

**Dropped Cycle**: Attempted drug-induced ovulation and monitoring of hormonal levels, without the ova retrieval.

**Infertility**: Either the presence of a demonstrated condition recognized by your Participating Medical Group as a cause of infertility, or the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception, or after six previous Cycles of intra-uterine insemination (not at health plan expense) without pregnancy.

**Single Individual**: An individual Member, either male or female, who is also either a Subscriber or a former spouse or domestic partner of a Subscriber.

If you have any clinical questions, please contact your PacifiCare Primary Care Physician. For any other questions, please contact PacifiCare Customer Service by calling the number on the back of your Member ID card.

The Advance Reproductive Therapy Supplemental Benefit Rider must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the Advance Reproductive Therapy Rider will be furnished upon request.