

WINFertility Benefits Program Description BAE Systems

Cigna has partnered with WINFertility to offer a program that provides personalized guidance, education and emotional support every step of the family building journey.

WINFertility has been a pioneer in the field for more than 20 years, delivering personalized guidance for a safer, better family-building experience. WINFertility helps you understand your options so you can choose the right provider and best course of treatment for you – making the most of your health benefits.

Contact WINFertility at 855-620-0989, Monday - Friday 9:00 a.m. - 7:30 p.m. ET prior to the initiation of fertility treatment or if you have questions or just thinking about seeking fertility treatment.

The member (employee and spouse/domestic partner) must meet the diagnosis of infertility and be eligible under the Cigna medical plan to access the benefit; however, same sex female couples and single females covered under a Cigna National Medical Plan can access the benefit without a diagnosis of infertility.

\$20,000 medical life time maximum along with corresponding prescription drugs for approved treatments until the medical lifetime maximum is met. **Lifetime Maximum Benefit for medical fertility services on an *in-network* basis only include:**

- a. Timed intercourse (TI) cycles. Includes natural cycles, and ovulation induction cycles with clomid or letrozole.
- b. Intrauterine Insemination (IUI). Includes natural cycles, and ovulation induction cycles with clomid or letrozole.
- c. The following assisted reproductive treatment (ART) cycles and procedures are covered:
 - i. In-Vitro Fertilization (IVF) including Intracytoplasmic Sperm Injection (ICSI)
 - ii. Gamete Intrafallopian Cycle (GIFT)
 - iii. Zygote Intrafallopian Transfer (ZIFT)
 - iv. Oocyte Cryopreservation and Sperm Cryopreservation with one year of storage as directed by Cigna medical policy
 - v. Oocyte Thaw Cycles (OTC)
 - vi. Cryopreservation of blastocysts(s) and embryo(s) from covered IVF or Oocyte Thaw Cycles (OTC) with storage for up to one (1) year.
 - vii. Embryo Biopsy for Preimplantation Genetic Testing (PGT) as directed by Cigna medical policy in addition to the following indications:
 - i. Recurrent Pregnancy Loss (three or more unexplained clinical pregnancy losses) or previously diagnosed aneuploid pregnancies or births
 - ii. Recurrent implantation failure (three or more failed embryo transfers)
 - viii. Frozen Embryo Transfer (FET) cycles

* "Cycle" is defined by this plan as ovarian stimulation with oocyte retrieval, fertilization of oocyte, and followed by a subsequent single embryo transfer. Embryo transfer may utilize a fresh or frozen embryo.

- d. Pathology and laboratory services, including but not limited to:
 - i. Hormonal assays
 - ii. Semen analysis, as appropriate
 - iii. Ultrasound exams
 - iv. Fertilization and appropriate embryology services
 - v. Ova identification
 - vi. Embryo transfer

- e. Medications necessary to the provisions above, including parenteral injection, are included for infertility treatment while the member is a member of this plan and has benefit dollars remaining for fertility services.

Benefit Specifics:

All frozen embryos (or all euploid frozen embryos, if PGS was performed) stored after a completed cycle with ovarian stimulation should be utilized prior to coverage availability for another ovarian stimulation cycle for IVF (unless the *coverage* is for a fertility preservation cycle) when clinically appropriate. Embryo transfer guidelines per the American Society of Reproductive Medicine (ASRM) should be followed for all embryo transfers (fresh and frozen cycles) and elective single embryo transfer should be utilized when clinically appropriate.

Reimbursement Programs administered by WINFertility also include a separate \$30,000 Combined Lifetime Maximum Benefit for Adoption and Surrogacy. Please refer to the reimbursement program for details on these specific programs.

EXCLUSIONS / Non-Covered Services:

The following services are excluded from coverage:

- a. Related medical and non-medical donor expenses for donated oocytes or sperm, including, travel expenses, agency, laboratory and donor fees, psychological screening, FDA testing for the donor and partner, genetics screening.
- b. Fallopian tube ligations and vasectomy reversals.
- c. Medical and surgical procedures that are experimental or investigational, unless such denial is overturned by an External Appeal Agent.
- d. Services requested which are not medically appropriate.
- e. Services not specifically listed as covered.
- f. Intrauterine Insemination or Timed Intercourse cycles stimulated with Gonadotropin or menotropin (e.g. FSH/IUI cycles) are excluded unless member has diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism, or after member has not ovulated or conceived after a prior trial of 3 cycles of Clomid or Letrozole.
- g. Elective egg freeze
- h. OON providers are not covered
- i. Dependent children are excluded from the fertility benefit

For additional benefit coverage details, refer to your applicable Cigna Medical Plan SPD.