

## Fertility Program Coverage Details

### Eligibility

Boeing's Fertility Program Benefit managed by WINFertility is described below. *Eligible Covered Members* include nonunion employees and certain union-represented employees whose health care benefits are contractually aligned to nonunion benefits, and their covered spouse or domestic partner and adult dependent children. The benefits described below are available through in-network providers only and apply to Blue Cross and Blue Shield of Illinois (BCBSIL) administered medical plans for covered Boeing members.

Fertility benefits are available to Eligible Covered Members with or without a diagnosis of infertility. By applying the most medically appropriate treatments, access to care is intended to reduce risks and costs.

### Prior Authorization Requirements

In order to access and maximize this benefit, you can begin the prior authorization process by calling WINFertility at 833-439-1513 before initiation of medical services for family building. Failure to initiate prior authorization for each cycle of services may result in a denial of benefits. Coverage is subject to available benefit at time of service (must be eligible and covered under the appropriate health plan at time services are rendered). Services must be received by BCBSIL network providers, cost sharing and out of pocket costs may be applicable. It is recommended you verify provider network status and cost information with BCBSIL Member Services prior to initiating services.

### Included Benefits

The following services **are** covered under Boeing's Fertility Benefit Program:

1. Six (6) combined cycles of Ovulation Induction: Intrauterine Insemination (IUI) Cycles or Timed Intercourse (TI) Cycles.
  - a. With or without stimulation with oral agents (e.g., clomiphene citrate, letrozole).
2. Assisted Reproductive Technologies (ART):
  - a. Monitoring of ovarian stimulation by ultrasound and related hormone assays.
  - b. In Vitro Fertilization (IVF) Oocyte retrieval- Limited to 2 cycles (procedure codes 58970, S4011, S4015, or S4021).
  - c. Embryology services to include: oocyte identification, sperm identification, in vitro fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), embryo culture, embryo thaw, embryo preparation for transfer, embryo cryopreservation.

3. ART related services:
  - a. Oocyte Thaw cycles and Frozen Embryo Transfer (FET) cycles (including transfers which include use of donor eggs and donor embryos).
  - b. Embryo Biopsy for Preimplantation Genetic Testing (PGT), Preimplantation Genetic Testing (PGD) and Pre-implantation Genetic Screening (PGS).
  - c. Storage of cryopreserved Embryos for up to 1 year beginning from the initial date of cryopreservation.
  - d. Oocyte Cryopreservation cycles with one year of storage covered and included in two (2) Oocyte Retrieval lifetime maximum when a medical treatment will directly or indirectly lead to iatrogenic infertility, which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.
    - a. If member has an infertility related diagnosis (i.e., diminished ovarian reserve, endometriosis), but does not have a planned medical treatment that may result in iatrogenic infertility, then the Oocyte Retrieval can be covered subject to the two (2) Oocyte Retrieval lifetime maximum, but the oocyte cryopreservation and storage will be excluded.
  - e. Sperm Cryopreservation with one year of storage when a medical treatment will directly or indirectly lead to iatrogenic infertility, which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.
4. Infertility Specialty Medications:
  - a. Infertility specialty medications for the Eligible Covered Member for approved treatment cycles.

#### **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.

**Exclusions** - The following services are **not** covered under the Boeing Fertility Benefit Program:

1. Gonadotropin or menotropin stimulated ovulation induction cycles including monitoring of Timed Intercourse and IUI cycles unless member has a diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism, or after member has not ovulated or conceived after a prior trial of 3 cycles on clomiphene citrate or letrozole.
2. Experimental or Investigational medical and surgical procedures.
3. Assisted Hatching unless approved by WINFertility based on BCBSIL clinical guidelines.
4. Services which are not medically appropriate.

5. Expenses for **procuring** Donated Oocytes or Sperm, including all medical expenses, travel expenses, agency, laboratory and donor fees, psychological screening, FDA testing for the donor and partner, genetics screening and all medications for the donor (e.g. suppression medications, stimulation medications).
6. Services which are not listed as covered in this benefit.