This is a
Boeing Total Rewards Partner

<u>The Boeing</u> Family Building Benefit will include up to Six (6) combined cycles of Ovulation Induction and Two (2) "Cycles" of IVF-Egg Retrieval as lifetime maximum (LTM) of this membership for *Eligible Covered Members.* Benefit is per individual.

Eligibility for the Boeing's Family Building Benefit managed by WINFertility is described below. Eligible Covered Members include active and early retiree 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.

In order to access and maximize this benefit, prior authorization by the Medical Management Program is required prior to initiation of medical treatment for family building. Failure to initiate preauthorization of services for each service will result in a denial of benefits. Coverage is subject to available benefit at time of claim submission. Out of pocket responsibilities may be applicable and should be verified prior to initiating services.

Included - The following are covered under this benefit:

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. Two (2) In Vitro Fertilization (IVF) Oocyte retrieval
    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 use of donor eggs and donor embryos)
    b. Purchase of viable Frozen Donor Oocyte Cohort (not Donor Oocyte Retrievals) with one year of storage covered and included in the two (2) Oocyte Retrieval lifetime maximum. (Donor Oocyte Retrievals are considered services performed on a non-covered member and are therefore not covered under the plan.)
    c. Procurement expenses related to viable frozen donor sperm procurement with one year of storage.
    a. Medical Oocyte cryopreservation cycles including one year of storage per BCBS plan specific medical guidelines.
    Note: 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.
    d. Medical Sperm cryopreservation including one year of storage per BCBS plan specific medical guidelines
    e. Embryo Biopsy for Preimplantation Genetic Testing (PGT-A, PGT-M and PGT-SR)
    f. Storage of cryopreserved Embryos for up to 1 year beginning from the initial date of cryopreservation

4. Infertility Specialty Medications Lifetime Maximum amount
    a. **I**nfertility specialty medications for the Eligible Covered Member for approved treatment cycles.

Benefit Specifics:

An IVF "cycle" is defined by this plan as ovarian stimulation with egg(s) retrieval. Member's will have coverage for two (2) egg retrieval cycles with fertilization of eggs and subsequent embryo transfer for all embryos created from a covered cycle.

The member < 35 years old should use all frozen embryos (or all euploid frozen embryos, if PGS was performed) before moving to a new IVF Cycle (oocyte retrieval); however, exceptions can be made if coverage is for a fertility preservation cycle, the member paid OOP for their cycle, or another insurance plan covered the cycle in which the embryos were created.

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.

Benefit Exhaustion:

When eligible members have used the Two (2) cycle lifetime maximum, the fertility benefits are considered exhausted. Other fertility services can no longer be accessed, with the exception of any remaining storage renewals as determined by the plan. WIN can continue to provide member assistance through education and advocacy as they move forward with their family building journey. Once the benefit has been exhausted, treatment costs will be incurred as an out-of-pocket cost.

Exclusions: The following services are **not** covered:

a. 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 or clomiphene citrate or letrozole.
b. Experimental or Investigational medical and surgical procedures.
c. Services which are not medically appropriate.
d. Expenses for Surrogacy and fees associated with surrogacy.
e. Donor Oocyte Retrievals and donor sperm collection are considered services performed on a non-covered member and are therefore not covered (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).
f. Monetary compensation for a donor and legal expenses.
g. Services which are not listed as covered in this benefit.