

Infertility Treatment Coverage for Federal Employee Health Plan

Pre-certification by the Plan is required.

Infertility is defined as failure to achieve pregnancy within the 12 months of unprotected intercourse or therapeutic donor insemination in an individual younger than 35 years or, for an individual 35 years and older, within 6 months. Infertility may also be established through an evaluation based on medical history and diagnostic testing.

Diagnosis and treatment of infertility are covered when **ALL of the following** are met:

- Individual meets **one or more of the following**:
 - Unable to conceive or produce conception after one year of unprotected intercourse or therapeutic donor insemination.
 - Is older than 35 years the individual is unable to conceive or produce conception after six months of unprotected intercourse
 - Either of the above situations whereby individual is unable to carry the fetus to term (e.g., three or more consecutive spontaneous miscarriages prior to 20 weeks gestational age).
- Individual has a request for **one or more of the following** services:
 - Endometrial biopsies- Limited to 1 per year
 - Semen analysis -Limited to 2 per year
 - Hysterosalpingography -Limited to 2 per year
 - Sims-Huhner test (smear) - Limited to 2 per year
 - Diagnostic laparoscopy - Limited to 1 per year
 - Artificial insemination- Limited to 3 per year
 - Intravaginal insemination (IVI)
 - Intracervical insemination (ICI)
 - Intrauterine insemination (IUI)
 - Assisted Reproductive Technology (ART)
 - In vitro fertilization (IVF)
 - Zygote intrafallopian transfer (ZIFT)
 - Fertility medications (such as but not limited to Clomiphene citrate, hCG (human Chorionic Gonadotropin), FSH (follicle-stimulating hormone), Menotropins, and other products available on the Optima Health 2024 formulary) to increase production and release of as many eggs as possible- Limited to 3 cycles annual limit

Exceptions and Limitations:

The following treatments are excluded from coverage under the infertility benefit:

- Reversal of voluntary sterilization, and infertility service required because of such reversal
- Donor egg and any other programs not listed as a covered service
- Reproductive material storage
- Any treatment related to sexual organ function, dysfunction, or inadequacies, including but not limited to impotency