

Understanding Your Fertility Insurance Benefits



Questions to ask your insurance provider about your fertility specific benefits

GENERAL

Q Do You Already Have a Diagnosis of Infertility?

A If No, Ask:

Can you confirm the co-pay for diagnostic testing with a specialist? - In-network? - Out-of-network?

>

A If Yes, Ask:

What will my first visit cost me out of pocket? What will diagnostic tests cost? For example: Fertility Hormones and other preconception labs, ultrasound tests, procedural tests like Diagnostic Hysteroscopy or Hysterosalpingogram?

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Q What Are My Fertility Benefits?

A In-network?

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A Out-of-network?

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Q What Is My Co-pay/ Co-insurance for Fertility Treatment:

A In-network?

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A Out-of-network?

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Q What is My Deductible for Treatment:

A In-network?

>

A Out-of-network?

>

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Q After I Have Met My Fertility Deductible, What Is My Percentage Of Responsibility For Treatment:

A In-network?

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A Out-of-network?

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Q What Are My:
Annual Dollar Maximums?

A In-network?

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A Out-of-network?

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Maximum Number Of
Treatment Attempts?

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>

Fertility Lifetime Dollar
Maximums?

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Q Do I Need A Referral To See A Specialist?

A

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Q Do I Need A Precertification In Order To:

A Have Diagnostic Tests Run Related To Infertility?

>

A Obtain Fertility Treatments?

>

GENERAL

Q Are There Any Requirements That Must Be Met Before My Fertility Benefits Become Effective? (i.e. certain number of IUIs before IVF can be attempted, documented medical history of infertility, enrollment into a fertility program)?

A

Q Are There Any Exclusions To Treatment?

A

DIAGNOSTIC TESTS *

Following your initial consult there will be subsequent testing. We'll examine your unique case: your medical history, requirements, and results of your testing (antral follicle count, evaluation of your uterus and ovaries, and hormonal evaluation). Testing gives us more information to help us determine the best, personalized protocol for you.

Below is a list of tests and their procedure codes to ask your insurance company about. Preconception screening labs may be done at an outside lab. All other lab tests are required to be completed at Spring labs. Spring's state-of-the-art labs have some of the highest standards in the industry. They are known for producing exceptional results, but also developing fertility preservation techniques unlike anyone else.

? Ask About:

Preconception screening labs, such as ABO Group & Rh (**86900/86901**), Antibody screen RBC (**86850**), CBC (**85025**), CMP (**80053**) Chlamydia Antibodies IgG (**86631**), Gonorrhea/Chlamydia NAA (**87491/87591**) Hepatitis B (**87340**), Hepatitis C (**86803**), HIV (**86703**), RPR Syphilis (**86592**), Rubella (**86762**), Varicella (**86787**), CMV, HTLV1&2 (Z11.3 *Infectious with a predominate mode of sexual transmission*)

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DIAGNOSTIC TESTS *



The Following Are Required To Be Done By Spring's Lab:

- Baseline and monitoring ultrasounds during IVF, IUI, & FET cycles (76830/76857)
- Progesterone (84144)
- Estradiol (82670) -Day 3 Test
- AMH (83520) -Day 3 Test
- FSH (83001) -Day 3 Test
- LH (83002) -Day 3 Test
- TSH (84443)
- Prolactin (84146)
- Semen analysis (89320)
- Hysterosalpingogram/HSG (58340, 74740)
- Saline Infusion Sonohysterogram/SIS (58340, 76831)
- Endometrial Biopsy (58100)
- Hysteroscopy (58555/58558)
- Vitamin D (Z13.21)

TREATMENTS & PROCEDURES



Are The Following Treatments Or Procedures Covered?*

- IUI/Intrauterine Insemination (58322)
- Oocyte Retrieval for IVF or Egg Freeze (58970, 89250, 89254, 89261)
- Intracytoplasmic Sperm Injection/ICSI (89280/89281)
- Cryopreservation of: Sperm (89259), Embryos (89258), & Eggs (89337)
- Assisted Hatching (89253)
- Embryo biopsy for PGT-A and/or PGT-M (89290/89291)**
- Frozen Embryo Transfer/FET (58974, 89255, 89352)

* Additional testing & treatment may be recommended. ** PGT-A/PGT-M are separate from biopsy fees. Please ask your insurer about coverage of testing.

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MEDICATIONS

Q Are The Following Medications Covered?*

- Clomiphene Citrate (*Clomid*)
- Letrozole
- Gonadotropin Injectables (*FSH or LH medications: Follistim, Gonal-F, Luveris, Menopur & others*)
- GnRH Agonists/Antagonists (*Lupron, Ganirelix, Cetrotide*)
- Progesterone (*Prometrium tablets, Endometrium suppositories, & injections*)
- HCG (*Chorionic gonadotropin for injection*)
- Estrogen (*tablets or Vivelle patches*)
- Estrace (*tablets*)

* Based on cycle type. Not all medications indicated may be recommended

Q Are infertility medications covered under my **general medical plan, prescription benefits**, or neither?
A

Q Are the **cost of medications included** in my infertility benefit maximum?
A

Q Am I restricted to a specific **specialty pharmacy** or may I use a **pharmacy of my own choosing**?
A

ADDITIONAL QUESTIONS

Q Are genetic disease carrier screening tests for me and my partner covered (i.e. Sickle Cell, Fragile X, CF)? Am I restricted on what lab I can use for carrier screening tests?

A

Q Is **preimplantation genetic testing (PGT-A and/or PGT-M)** testing on embryos covered?

A

Q Am I restricted to a **specific lab for preimplantation genetic testing (PGT-A and/or PGT-M)** on embryos?

A

Q Are **donor sperm and/or donor egg** options covered?

A

Q Are **gestational carrier options** covered?

A

Q Are **early pregnancy ultrasounds** covered?

A

Q Is **genetic counseling** covered?

A

Please note these questions are meant to be used as a guide, helping empower you to have an open dialogue with your insurance provider. This is not a complete list of all possible questions that should be asked to understand your coverage. There will be services and expenses that may not be covered by your provider. Please visit springfertility.com for a complete list of financing options and more information on insurance coverage.