



Fertility Benefits on the GW PPO Plan

The GW PPO medical plan offers fertility benefits to eligible participants and provides only [in-network fertility benefits](#). Out-of-network services are not covered.

Participants are not required to meet the medical definition of infertility. In addition, the plan offers:

- Fertility preservation for Non-Medically Necessary or “Social Preservation” Coverage is limited to: collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, in vitro fertilization, embryo cryopreservation and storage costs up to one year. Fertility preservation for when planned cancer or other medical treatment is likely to produce infertility/sterility
 - Coverage is limited to: collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, in vitro fertilization, embryo cryopreservation and storage costs up to one year.
- Embryo Biopsy for PGT-A (formally known as PGS) - Fertility coverage includes the embryo biopsy only.
- Donor* Coverage – Donor must be a GWU employee with coverage under the GWU PPO Plan
 - Donor eggs - Cost for fertilization (in vitro fertilization or intracytoplasmic sperm injection), embryo culture, and embryo transfer.
 - Donor sperm - thawing and insemination of sperm.

* Donor (Eggs or Sperm) - the plan will not pay for donor charges associated with compensation or administrative services. The cost of donor eggs, including medical cost related to donor stimulation and egg retrieval is excluded for non-covered members. Additionally, the cost of procurement and storage of donor sperm is excluded for non-covered members.

Medical Benefits

The medical fertility benefit has a \$30,000 lifetime maximum, which means this is the amount that the plan will pay out in benefits. This maximum does not include the amount paid by you in copayments and/or coinsurance. Please remember that these services are only covered under in-network under the GW PPO Plan.

Important note: Eligibility age restrictions do apply:

- Participant under age 35, or after 6 months, if the woman is over age 35
- Participant must be under age 44, if female and using own oocytes (eggs)
- Participant must be under age 50, if female and using donor oocytes (eggs). For treatment initiated prior to pertinent birthday, services will be covered to completion of initiated cycle.

If you have started or are considering fertility treatment, you can reach out to a nurse at 1-866-774-4626, M - F | 7:00a.m. – 6:00p.m. CST or visit myuhc.phs.com/fertilitysolutions.

Coverage under the plan** includes the following procedures:

- Ovulation induction and controlled ovarian stimulation
- Insemination procedures: Artificial Insemination (AI) and Intrauterine Insemination (IUI)
- In vitro fertilization (IVF), Intra Cytoplasmic Sperm Injection (ICSI)
- Frozen Embryo Transfer cycle including the associated cryopreservation and storage of embryos for 12 months
- Testicular Sperm Aspiration/ Microsurgical Epididymal Sperm Aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm
- Pre-implantation genetic testing - Monogenic/Single Gene Defects (PGT-M) for diagnosis of known genetic disorders only when the fetus is at risk for an inheritable genetic disorder.
- Fertility Preservation (Medically Necessary and Non-Medically Necessary) or “Social Preservation”
 - Coverage is limited to: collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are the responsibility of the member.
- The plan does not cover surrogate parenting, donor eggs, donor sperm and host and host uterus.

** The Plan will only pay Benefits under the Fertility Solutions program if Fertility Solutions provides the proper notification to the Designated Provider performing the services (even if you self-refer to a provider in that Network).

Prescription Benefit

The medications included under the current [Advanced Control Specialty Formulary \(ACSF\)](#), used in the treatment of infertility, are covered under your pharmacy benefit (if received at a pharmacy). The pharmacy fertility benefit has a \$15,000 lifetime maximum, which means this is the amount that the plan will pay out in benefits. This does not include the amount you pay in copayments.

It is important to note that these medications will be considered for coverage under the medical benefit and included in the medical lifetime maximum of \$30,000 if they are received through your doctor. Medications listed under the current ACSF list are considered specialty medications. GWU has Exclusive Specialty and members must use a CVS Specialty Pharmacy to receive their fertility medications. Shipping and delivery can be coordinated by contacting CVS Specialty at 1-800-237-2767. Through this specialty pharmacy program, you are assigned a specialty representative that will be your single contact throughout your regimen.