

**UPMC HEALTH PLAN¹ INFERTILITY RIDER FOR FACULTY AND
STAFF OF THE UNIVERSITY OF PITTSBURGH**
**For Faculty & Staff Enrolled in Any University-sponsored HMO Medical
Plan**

UPMC Health Plan will cover Medically Necessary services, as set forth below, related to the diagnosis and treatment of infertility in accordance with UPMC Health Plan policies and procedures. Capitalized words and phrases in this Rider have the meaning set forth in the Certificate of Coverage. In the event that the terms and conditions set forth in the Certificate of Coverage conflict with those set forth in this Rider the terms and conditions of the Rider control.

A. COVERED SERVICES

Covered Services	Benefit Limits
Benefits Provided under Medical Plan	
Testing and Diagnostic Procedures for purposes of diagnosing Infertility	Covered in accordance with the terms of the medical benefit plan set forth in the Certificate of Coverage and subject to Deductibles and Coinsurance set forth on the member's Schedule of Benefits.
Benefits Provided Under this Infertility Rider	
Assisted Fertilization Procedures ²	\$250 member Copayment per Benefit Period for services and procedures related to Assisted Fertilization.
	\$10,000 medical procedure Lifetime Maximum
Infertility Prescription Drugs	\$10,000 prescription Lifetime Maximum 20% coinsurance on prescription drug(s) The amount applied toward the Lifetime Maximum will be 80% of the cost of the prescription drug(s).

¹UPMC Health Plan is the third party administrator for the University of Pittsburgh self-funded employee benefit plan.

²Assisted Fertilization Procedures are artificial conception processes including, but not limited to, GIFT (GAMET intrafallopian transfer), ZIFT (Zygote intrafallopian transfer), embryo transplants, and in-vitro fertilization. Payments for Pre-implantation screening of embryos for genetic diseases during Assisted Fertilization procedures will also apply towards the Lifetime Maximum.

B. CONDITIONS OF COVERAGE

- (1) To be eligible for coverage for the testing and diagnostic procedures set forth above, the member(s) must meet the following criteria:
 - (a) documentation of the documented inability of the female to conceive a child within a twelve (12) month period of unprotected sexual intercourse, or after at least six (6) episodes of artificial insemination, AND

- (b) evidence that the female is premenopausal and reasonably expects fertility as a natural state or, if the female is menopausal, such menopause is experienced at an early age.

Eligibility for coverage may arise from female factors (e.g., pelvic adhesions, ovarian dysfunction, endometriosis, and prior tubal ligation), male factors (e.g., abnormalities in sperm production, function or transport, or prior vasectomy), a combination of female and male factors, or unknown causes.

- (2) To be eligible for coverage for the assisted fertilization procedures set forth above, the member must be diagnosed as infertile.
- (3) Only prescription drug(s) approved by the Food and Drug Administration for uses related to female and male infertility will be covered by this rider. Please contact Member Services at 1-888-499-6885 for questions related to the coverage of a specific infertility medication.
- (4) For purposes of coverage of Assisted Fertilization Procedures under this rider, members generally must utilize UPMC Health Plan participating providers who are credentialed reproductive endocrinologists. In the event that a member does not have reasonable access to a UPMC Health Plan participating provider who is credentialed in reproductive endocrinology, as determined by UPMC Health Plan, the member may submit a request to UPMC Health Plan to utilize another provider. UPMC Health Plan will only review such requests where the non-participating provider is Board Certified in Reproductive Endocrinology and practices in the county the member resides or an adjacent county. If such a provider is unavailable, UPMC Health Plan will review a request for services where the provider is a Board Certified Obstetrician/Gynecologist with the appropriate credentials and hospital privileges, as determined by UPMC Health Plan in its sole discretion, to provide services under this rider, practicing within the county the member resides or in an adjacent county.

To obtain a list of UPMC Health Plan participating providers, please contact Member Services at 1-888-499-6885 or visit www.upmchealthplan.com.

- (5) For purposes of coverage, members must obtain prescription drugs through UPMC Health Plan participating pharmacies. To obtain a list of UPMC Health Plan participating pharmacies, please contact Member Services at 1-888-499-6885 or visit www.upmchealthplan.com.
- (6) The Lifetime Maximum is the total dollar amount of coverage available to a Member covered by the University of Pittsburgh. Any amount that a Member accrues toward the Lifetime Maximum set forth above for Assisted Fertilization Procedures or Infertility Prescription Drugs shall apply regardless of whether a Member changes benefit plans. The amount accrued toward the applicable Lifetime Maximum shall carry over to the new benefit plan(s).
- (7) Any amount that a Member incurs as deductible, copayment, and coinsurance for Assisted Fertilization Procedures or Infertility Prescription Drugs shall not apply toward the annual out of pocket maximum set forth in their medical plan Schedule of Benefits.