

KTF INFERTILITY BENEFITS SUMMARY (INFERTILITY AND IVF PROGRAM (TO AGE 45))

Enrollment is required: You must be enrolled in this Plan for at least 18 months before you are eligible to enroll in the infertility program. You are responsible for enrolling in the Healthy Beginnings Program within 14 weeks of becoming pregnant.

Treatment Plan is required: The provider must submit a treatment plan, as well as any subsequent changes, for approval.

Provider Agreement and Qualifications: The primary doctor must be Board Certified in Gynecology with a Sub-Specialty in Reproductive Endocrinology.

Maximum Infertility Benefits: Effective 01/01/2023, the Plan will pay 90% of all covered charges up to a lifetime maximum of three cycles and \$45,000.

Infertility drugs: Payable at 80% and included in the \$45,000 lifetime maximum. It is recommended that you shop pharmacies and use coupons to maximize your benefits.

Member Coinsurance: Coinsurance is 10% for medical claims (20% for NPPO providers) and 20% for drugs. Coinsurance will not apply toward the medical or Rx out-of-pocket limits. Member is responsible for excess charges.

Genetic Testing: Genetic testing not included in the treatment plan or pre-approved will not be covered.

Excluded Treatment: Treatment outside the approved treatment plan is not covered.

Excluded treatments include but are not limited to the following:

- treatment for infertility when the cause of the infertility was a previous sterilization
- elective preservation/retrieval of reproductive material prior to medical procedures or for later use
- cryopreservation, storage, and thawing
- Intravaginal Culture of Oocytes (INVOCeLL)
- immune treatment
- co-culturing of embryos/oocytes
- Computer Assisted Sperm Motion Analysis (CASA)
- endometrial receptivity testing
- fine needle aspiration mapping
- hemizona test
- Hyaluronan Binding Assay (HBA)
- sperm precursors
- manual soft tissue therapy for pelvic adhesions
- vaginal microbiome testing (SmartJane)
- uterine transplantation
- inhibin B
- embryo glue

This is a summary. Your Plan document contains complete information on the KTF Infertility Program. To enroll in the infertility program, please complete the below information and return to enrollment@ktftrustfund.com.

Name: _____ **Member ID:** _____

Address: _____

Email: _____ **Cell:** _____