

# IBEW Local 18 – Anthem Blue Cross Fertility Benefit FAQs Effective July 1, 2023



**As of July 1, 2023, all IBEW Local 18-sponsored Anthem Blue Cross medical plans include a limited fertility benefit that will cover certain services for infertility treatment, if medically necessary.**

## How are services for infertility treatment covered for HMO members?

Similar to other services, your Primary Care Physician (PCP) and/or Medical Group must provide a referral to an in-network specialist and approve your infertility treatment as medically necessary, in order for services to be covered. As a reminder, out-of-network services are not covered.

Eligible infertility treatment is covered at a 50% coinsurance up to a \$5,000 lifetime benefit maximum per covered individual. Infertility coverage does not apply towards the annual out-of-pocket maximum.

## How are services for infertility treatment covered for PPO members?

Similar to other services, you are not required to receive a referral, however your infertility treatment must be determined medically necessary by Anthem Blue Cross in order for services to be covered. Services may be accessed from in-network or out-of-network providers, but your benefits will go furthest/you will receive higher discounts from in-network providers.

Eligible infertility treatment is covered at a 50% coinsurance up to a \$5,000 lifetime benefit maximum per covered individual. Please note, similar to other out-of-network services, depending on your PPO plan, the reimbursement amount varies. Members are responsible for the difference between the provider's usual charges and the maximum allowed.

Infertility coverage does not apply towards the annual out-of-pocket maximum and is not subject to the applicable PPO deductible.

## What types of infertility treatment services are covered?

For all IBEW Local 18-sponsored Anthem Blue Cross medical plans, covered infertility treatment services based on medical necessity include:

- Artificial insemination
- In-vitro fertilization (IVF)
- Gamete intrafallopian transfer (GIFT)
- Zygote intra-fallopian transfer (ZIFT)
- Intracytoplasmic sperm injection (ICSI)
- Cryopreservation of mature oocytes
- Hysteroscopy (for treatment purposes)
- Supplies
- Appliances
- Drugs administered in a Physician's office

## What types of infertility treatment services are not covered (exclusions)?

For all IBEW Local 18-sponsored Anthem Blue Cross medical plans, infertility treatment services that are **NOT COVERED** include:

- Drugs not administered in a Physician's office (i.e., through a retail pharmacy or home delivery program), examples include Clomid, Pergonal and Metrodin
- Reversals of elective sterilizations

Please note, this is a summary only. Please refer to your plan document for more information. If you have any questions, please contact the IBEW Local 18 Benefit Service Center at (800) 842-6635 or at [Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com).

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## What types of infertility treatment services are not considered medically necessary?

Medical necessity is determined by your PCP/Medical Group and/or Anthem Blue Cross and varies by individual; however, generally, this may include, but is not limited to:

- Services that are investigational or experimental in nature
- Advanced maternal or paternal age
- Multiple treatments/services have already been received
- Underlying patient risk factors
- Unexplained/undiagnosed infertility

For questions on infertility treatment medical necessity guidelines, please contact your Medical Group or Anthem Blue Cross at the phone numbers on your ID card.

## How is the fertility benefit applied?

In most instances, billing will be handled by the in-network provider, however, for certain provider offices (including those out-of-network) you may be required to submit a claim for reimbursement. If you need assistance with filing an out-of-network claim for reimbursement, please contact the IBEW Local 18 Benefit Service Center at (800) 842-6635 or at [Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com).

## What if I'm already receiving treatment for infertility services as of July 1, 2023?

Services received prior to July 1, 2023 or those which do not meet plan requirements or medical necessity guidelines/plan guidelines will not be covered.

## Is there a specific network of providers I need to use?

No there is not a separate network of providers, however, HMO members may only use in-network providers within their medical group with a referral. Members can generally locate in-network infertility treatment specialists by visiting <https://www.anthem.com/ca/ibewlocal18/>. PPO members may also use out-of-network providers, but benefits will be richest in-network.

- Click on "Find Care" and "Find Care" again.
- Click on the link that best describes the type of provider you need. (i.e., HMO or PPO)
- You can then search by specialty, name, NPI, license number, and zip code, county, or city.
  - Alternatively, you can select a type of provider located under "Search by Care Provider".

## Are there any other infertility services covered by the plans that are not subject to the \$5,000 Fertility Benefit lifetime maximum?

Yes, infertility testing is covered by the medical plans and based on medical necessity/plan provisions. This can include:

- Diagnostic Laparoscopy
- Endometrial Biopsy
- Semen Analysis
- Services to treat underlying medical conditions that cause infertility such as:
  - Endometriosis
  - Obstructed fallopian tubes
  - Hormone deficiency

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