

SUMMARY OF MATERIAL MODIFICATIONS

To the Summary Plan Description for City and County of San Francisco

Plan change effective on: January 1, 2018
Group Number: 752103

A Summary Plan Description (SPD) was published effective January 1, 2018. The following are modifications and clarifications that are effective January 1, 2018. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD is your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

A. The Plan is amended to revise Infertility Services and Fertility Solutions (FS) Program. The Infertility Services and Fertility Solutions (FS) Program updates are as follows:

a. The Plan is amended to replace the Infertility Services and Fertility Solutions (FS) Program provision within the Additional Coverage Details Section of your Plan SPD with the following.

Infertility Services and Fertility Solutions (FS) Program

Therapeutic services for the treatment of infertility when provided by or under the direction of a Physician. The Plan pays Benefits for infertility when provided by Designated Providers participating in the *Fertility Solutions (FS)* program. Designated Provider is defined in Section 14, *Glossary*.

Note. Diagnostic services Benefits are covered as described under *Physician's Office Services - Sickness and Injury* in this section.

The Plan pays Benefits for the treatment of infertility for:

- Diagnosis and treatment of an underlying medical condition which causes infertility;
- Ovulation induction and controlled ovarian stimulation;
- Insemination procedures (Artificial Insemination (AI) and Intrauterine Insemination (IUI));
- Assisted Reproductive Technologies (ART), including but not limited to, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT);

- Testicular Sperm Aspiration/Microsurgical Epididymal Sperm Aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm;
- Pre-implantation Genetic Diagnosis (PGD) for diagnosis of genetic disorders only;
- Pre-implantation Genetic Screening (PGS) when used in conjunction with elective single embryo transfer. These technologies include, but are not limited to, array comparative genomic hybridization, quantitative polymerase chain reaction and single nucleotide polymorphism array testing;
- Embryo transportation related network disruption;
- Pharmaceutical Products for the treatment of infertility that are administered on an outpatient basis in a Hospital, Alternate Facility, Physician's office or in a Covered Person's home;
- Cryopreservation and retrieval of sperm/oocytes/embryos (storage is limited to 12 months); and

Note. Long-term storage costs (anything longer than 12 months) are not covered under the Plan.

- Fertility Preservation - when planned cancer or other medical treatment is likely to produce infertility/sterility, the plan covers the collection of sperm, cryopreservation of sperm, ovulation induction and retrieval of oocyte (egg), oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are not covered.

To be eligible for Benefits, the Covered Person must:

- have the presence of a demonstrated condition recognized by a licensed physician and surgeon as a cause of infertility.
- have infertility that is not related to voluntary sterilization or failed reversal of voluntary sterilization.

Any combination of Network Benefits and Non-Network Benefits for infertility services is limited to six natural (intra-cervical) artificial inseminations, and/or three stimulated (intra-uterine) artificial inseminations, and/or two courses of gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) or in vitro fertilization (IVF) per Covered Person during the entire period you are covered under the Plan.

For Cryopreservation and Fertility Preservation of sperm/oocytes/embryos when retrieved from a Covered Person. Benefits are for 12 continuous months (1 year) of storage per Covered Person for the entire period you are covered under the Plan. Benefits for retrieval of sperm/oocytes/embryos must be associated with a GIFT/IVF/ZIFT procedure.

Benefits for the diagnosis and treatment of an underlying medical condition which causes infertility is covered the same as any other illness.

Fertility Solutions (FS) Program

The Benefits described under Infertility in this section are provided under the Fertility Solutions (FS) program, as defined in Section 14, *Glossary*. Fertility Solutions (FS) provides education, counseling, infertility management and access to a national Network of premier infertility treatment clinics.

You will have access to a certain Network of FS Designated Facilities and Physicians participating in the Fertility Solutions program for infertility services. To enroll in the program and obtain information concerning infertility treatment, please contact Fertility Solutions at 1-866-774-4626.

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