

# WIN Benefits Program

## Arkema

The member is encouraged to enroll and services must be preauthorized by calling the WIN Medical Management Program at least two weeks prior to the initiation of hormone treatment services.

Failure to obtain authorization of services may result in a claims denial of benefits.

The fertility benefit is available to all employees and spouses/domestic partners enrolled in the Arkema Aetna Health plan. COBRA members have access to the medical and prescription benefit. Cost share (copay, coinsurance, deductible) of the Aetna Health plan will apply to this fertility benefit.

The fertility benefit is available to all employees and their spouses/domestic partners with or without a diagnosis of infertility. Child dependents covered on the plan are eligible for medically necessary Fertility Preservation.

### **Covered Services for \$25,000 Combined Lifetime Maximum Dollar Benefit (Fertility, RX, and Surrogacy, Adoption) include:**

- a. Diagnostic services for fertility not covered by another source
- b. Artificial insemination (AI) cycles and timed intercourse (natural cycles, clomid/letrozole/gonadotropin/menotropin cycles).
- c. The following assisted reproductive treatment cycles and procedures are covered:
  - i. In-Vitro Fertilization (IVF)
  - ii. Intracytoplasmic Sperm Injection (ICSI)
  - iii. Assisted Hatching
  - iv. Oocyte Thaw Cycles (OTC)
  - v. Frozen Embryo Transfer (FET)
  - vi. Gamete Intrafallopian Cycle (GIFT)
  - vii. Zygote Intrafallopian Transfer (ZIFT)
  - viii. Preimplantation Genetic Testing with Embryo Biopsy
  - ix. Cryopreservation of blastocysts(s) and embryo(s) from covered IVF and OTC cycles with storage for up to one (1) year from the date of the initial cryopreservation.
  - x. Elective Fertility Preservation- oocyte (egg) freezing cycles with storage for up to one (1) year from the date of the initial cryopreservation.
  - xi. Medical Oocyte cryopreservation cycles including one (1) year of storage from the initial date of cryopreservation when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)- available to child dependents covered on the plan
  - xii. Elective Fertility Preservation- sperm freezing with storage for up to one (1) year from the initial cryopreservation

- xiii. Medical Sperm cryopreservation cycles including one (1) year of storage from the initial date of cryopreservation when a medical treatment will directly or indirectly lead to iatrogenic infertility (an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes)- available to child dependents covered on the plan
- d. Pathology and laboratory services, including but not limited to:
  - i. Hormonal assays
  - ii. Semen analysis, as appropriate
  - iii. Ultrasound exams
  - iv. Fertilization and appropriate embryology services
  - v. Ova identification
- e. Medications necessary to the provisions above covered, including parenteral injection, are included for infertility treatment related drugs while the member is a member of this plan and until exhaustion of benefit.

### **Benefit Specifics:**

Embryo transfer guidelines per the American Society of Reproductive Medicine (ASRM) should be followed for all embryo transfers (fresh and frozen cycles) and elective single embryo transfer should be utilized when clinically appropriate.

Reimbursement Program administered by WIN also incorporated within the Combined Lifetime Maximum of \$25,000. Reimbursement program includes Adoption, and Surrogacy. Please refer to the reimbursement program for details on these specific programs along with eligibility criteria.

### **EXCLUSIONS:**

The following services are excluded from coverage:

- a. **DONOR EXPENSES.**
  - a. **DONOR NOT COVERED:** Related donor expenses for donated oocytes or sperm, including all medical expenses, travel expenses, agency, laboratory and donor fees, psychological screening, FDA testing for the donor and partner, genetics screening and all medications for the donor (e.g., suppression medications, stimulation medications).
- b. **VOLUNTARY STERILIZATION EXCLUSION**
  - a. **DOI WAIVED:** If a member has undergone an elective sterilization procedure, they are not eligible for benefits unless they undergo a successful reversal; Or WIN's consulting medical director determines that the reversal of the elective sterilization procedure is not medically indicated or will not improve the likelihood of conception due to multifactorial causes of infertility. Reversal of a sterilization procedure is not covered. HOWEVER, the partner that did not elect voluntary sterilization could be eligible for benefits based on plan design.
- c. Surrogacy /Gestational Carriers and any fees associated with it are not covered. However, note that the medical expenses for any of the member's portion of a treatment cycle is covered even if they are using a surrogate/gestational carrier
- d. Services not specifically listed as covered.

- e. Cost share (copays, coinsurance, deductibles) for services covered under the health plan benefit are excluded from reimbursement.