



Patty Nguyen, On-Site Representative
(813) 794-2492
(727) 774-2492
(352) 524-2492
Patricia.Nguyen@floridablue.com

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April is Infertility Awareness Month. What you need to know about coverage for infertility services.

Dear Patty,

Q: What services are covered for infertility?

A: The following services are covered for members enrolled on the *HMO Basic and HMO Premium Plans*:

- Office visits to diagnosis infertility
- Diagnostic procedures to determine the cause of infertility
- Lab work and treatment of infertility limited to testing
- Artificial insemination
- Surgical procedures to correct conditions causing infertility

The following services are covered for members enrolled on the *PPO Standard Plan*:

- Services for the diagnostic procedures to determine if a person is infertile or cause of infertility.



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Q: What type of Infertility services are NOT covered by my *HMO Basic and HMO Premium Plans*?

A: **Some** of the services NOT covered under the *HMO Basic and HMO Premium Plans*:

- Services, supplies or medications to treat the infertility.
- In Vitro Fertilization (IVF) procedures
- Gamete Intrafallopian Transfer (GIFT) procedures
- Zygote Intrafallopian Transfer (ZIFT) procedures
- Embryo Transport

Q: What type of Infertility services are NOT covered by my *PPO Standard Plan*?:

A: **Some** of the services NOT covered under your *PPO Standard Plan*:

- Assisted Reproductive Therapy including, but not limited to, associated services, supplies, and medications for In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT) procedures, Zygote Intrafallopian Transfer (ZIFT) procedures.
- Artificial Insemination (AI)
- Embryo Transport
- Infertility treatment medication



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Q: Do I need a referral to consult with an Infertility Specialist?

A: No, you do not need a referral to consult with an in-network Infertility Specialist.

Q: What is the copay to consult with an in-network Infertility Specialist?

A: The copay varies by plan:

- HMO Basic Plan: \$75 specialist copay/visit.
- HMO Premium Plan: \$65 specialist copay/visit.
- BlueOptions PPO Standard plan: \$80 specialist copay/visit.