State of Delaware Group Health Plan- Enhanced Fertility Benefits
Effective August 1, 2019
Frequently Asked Questions (FAQs)

For more information, visit de.gov/statewidebenefits

1. **What changes were made on August 1, 2019 to the fertility benefits available to members enrolled in a State of Delaware Highmark Delaware or Aetna non-Medicare health plan?**

   The $10,000 lifetime medical only fertility benefit limit is increased for the FY20 plan year effective 8/1/2019, to $30,000 lifetime and the 25% coinsurance is changed to align with the standard in-network and out-of-network medical benefits defined in the member's enrolled health plan (refer to Question #6 for more detail on standard medical benefits).

   In addition, changes include adoption of the following components of SB 139, Delaware's Fertility Care and Preservation Law, from the 149th General Assembly:

   - Coverage for iatrogenic infertility due to surgery, radiation, chemotherapy or other medical treatment
   - Cryopreservation and thawing of eggs, sperm and embryos
   - Six completed egg retrievals per lifetime with unlimited embryo transfers using single embryos transfer (SET) when recommended and medically appropriate
   - Limit ovulation induction (OI) or intrauterine insemination (IUI) to no more than 3 treatment cycles before IVF services are covered
   - When IVF is medically necessary, no cycles of OI or IUI are required
   - Increase IVF transfer maximum age from current 44 to 49

   And lastly, the following changes are included; however, not specifically included in SB 139:

   - Apply all infertility diagnostic testing under the standard medical benefit
   - Coverage of embryo biopsy and genetic testing or screening of embryos.

2. **Who is eligible for coverage and how is infertility defined?**

   Coverage applies to covered individuals diagnosed with infertility. Infertility is defined as a condition (an interruption, cessation, or disorder of body functions, systems or organs) of the reproductive tract, which prevents the conception of a child or the ability

to carry a pregnancy to delivery.

3. **Does a State of Delaware Highmark Delaware or Aetna member still have to meet medical necessity and/or pre authorization requirements to receive fertility benefits through their State of Delaware health plan?**
   Yes, State of Delaware members must still meet all medical necessity and pre authorizations requirements as outlined in the health plan summary plan documents. Summary plan documents for the Highmark Delaware and Aetna plans are available at de.gov/statewidebenefits (select your group, then choose either Highmark or Aetna).

4. **How are medications obtained under the member's CVS Caremark prescription benefit with the enhanced benefit?**
   The 25% coinsurance and $15,000 lifetime maximum remains in place for any medications a State of Delaware Highmark Delaware or Aetna non-Medicare health plan member approved for fertility benefits by their health plan receives through the pharmacy benefits administered by Express Scripts until June 30, 2021 and CVS Caremark beginning July 1, 2021. The lifetime maximum accumulation for members approved for fertility benefits will be transferred from Express Scripts to CVS Caremark when pharmacy benefits transition on July 1, 2021.

5. **What does standard in and out-of-network benefits mean in terms of the copay or coinsurance that would apply for fertility services received (after the 8/1/19 implementation date of the enhanced benefits)?**
   Members in the Highmark Comprehensive PPO and Aetna HMO plans are subject to copays as defined in their plan booklets for specialist office visits and in/outpatient procedures for in-network services and as applicable for Highmark Comprehensive PPO members for out-of-network services. Members in the Highmark First State Basic and Aetna CDH Gold Plans are subject to their deductible and coinsurance amounts as applicable for in and out-of-network services.

6. **How does the change outlined in Question #1 that all infertility diagnostic testing will apply under the standard medical benefit be administered?**
   SBO, Aetna and Highmark Delaware have identified all services that are subject to fertility preauthorization. The associated CPT codes for these services have been coded to apply against the $30,000 medical only lifetime benefit.

7. **How are fertility preservation benefits determined and covered under the $30,000 lifetime maximum?**
   SBO, Aetna and Highmark Delaware have identified all services that are subject to fertility preauthorization. The associated CPT codes for these services have been coded to apply

against the $30,000 medical only lifetime benefit.

8. **Does the enhanced benefit cover gestational carriers (surrogates)?**
   The benefit covers IVF using donor eggs, sperm or embryos and IVF where the embryo is transferred to a gestational carrier or surrogate. Coverage does not include the purchase of donor eggs, sperm or embryos, medical costs outside of the IVF cycle and received by the gestational carrier, legal or other fees. Costs associated with the gestational carrier are not covered.

9. **Is cryopreservation covered under the new benefit plan changes?**
   Cryopreservation services, in addition to storage for sperm, embryos and oocytes are covered under the new benefit

10. **Does the enhanced benefit include coverage for reversal of voluntary sterilizations?**
    Surgery to reverse voluntary sterilization is not covered under the enhanced benefit.