FERTILITY PRESERVATION

Find out what is covered by your 2020-2021 Berkeley Student Health Insurance Plan (SHIP).

If you are receiving services for gender dysphoria or treatment that may make it difficult to have children in the future, your Berkeley SHIP may cover fertility preservation services as part of your benefits.

Here are some questions and answers about what’s covered and how to get care.

1. What is my share of the cost for fertility preservation?

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>(what you spend out of pocket for covered expenses before your plan begins to pay)</td>
<td>$300 per policy (if not-previously met in the plan year) (applies to services received outside of the Tang Center)</td>
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<td><strong>Copay/Coinsurance</strong></td>
<td>$25 copay for consultation (deductible waived for a consultation)</td>
<td>50% for consultation</td>
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<td>$250 copay per round of treatment plus 10% after deductible</td>
<td>$250 copay per round of treatment plus 50% after deductible</td>
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<td><strong>Annual storage costs</strong></td>
<td>10% coinsurance after deductible</td>
<td>50% coinsurance after deductible</td>
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<td></td>
<td>Covered while an insured person on the 2019-2020 Berkeley SHIP</td>
<td>Covered while an insured person on the 2019-2020 Berkeley SHIP</td>
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<td><strong>Lifetime maximum</strong></td>
<td>$20,000 (outpatient fertility medication doesn’t apply to this maximum)</td>
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2 | Does fertility preservation require a referral from the Tang Center?
Yes, call 1-510-642-5700 or send a secure message to the SHIP Office via e-Tang.berkeley.edu for information on getting a referral.

3 | Does Fertility Preservation require a Pre-Cert?
Yes, you should submit a request for precertification through the Tang Center. Precertification allows us to make sure treatment is medically necessary and appropriate for your care. Prior authorization for fertility preservation medications is separate from precertification for medical services. Please see below for more details regarding prior authorization for fertility preservation medications.

4 | Does my plan cover fertility preservation medications?
Yes. However, you may need to get prior authorization or approval for fertility drugs. The treating doctor's office should handle prior authorization for fertility medication. Prior authorization for fertility preservation medications may take up to three business days. See the "Formulary" available on https://uhs.berkeley.edu/insurance/ship-benefits/prescriptions.

5 | How do I find a fertility preservation provider?
To access a list of fertility preservation providers click here. Here you can access the "Provider Finder" tool. Simply select a provider specialty type or search by keyword.

6 | Do I need to submit a claim?
If the provider is an in-network provider in California, the provider will submit claims to Blue Shield. For in-network providers outside of California, please call Member Services at 1-833-302-9785. If you are seeing an out-of-network provider, you may need to pay for services at the time you receive care.

To be reimbursed, you have to submit a claim by:
1. Downloading a claim form here.
2. Providing proof of payment.
3. Sending an itemized bill from the provider showing dates of service, procedure codes, billed amounts and diagnosis codes. You also need to include the provider's name, address and tax ID number.
4. Faxing the claim form with these items to 1-559-499-2464.

Here are a few important things you should know about your fertility preservation benefits:

- Before you get care and submit a claim, you must have a referral and prior approval.
- It usually takes 30 business days to process a claim.
- Our plan pays a lifetime maximum benefit of $20,000 for fertility preservation. Fertility medication doesn't apply to this maximum.
- This benefit covers fertility preservation services only. Your plan does not provide any coverage for the testing or treatment of infertility.