

FERTILITY PRESERVATION

Find out what is covered by your 2021-2022 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?

	In-Network	Out-of-Network
Deductible (what you spend out of pocket for covered expenses before your plan begins to pay)	\$450 per policy (if not-previously met in the plan year) (applies to services received outside of the Tang Center)	
Copay/Coinsurance (your percentage of covered expenses)	\$25 copay for consultation (deductible waived for a consultation) \$250 copay per round of treatment plus 10% after deductible	50% for consultation \$250 copay per round of treatment plus 50% after deductible
Annual storage costs	10% coinsurance after deductible Covered while an insured person on the 2021-2022 Berkeley SHIP plan	50% coinsurance after deductible Covered while an insured person on the 2021-2022 Berkeley SHIP plan
Lifetime maximum (for fertility preservation)	\$20,000 (outpatient fertility medication doesn't apply to this maximum)	

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 [eTang.berkeley.edu](mailto:ship@tcenter.berkeley.edu) for information on getting a referral.

3 | Does Fertility Preservation require a Precertification?

Yes, your provider should submit a request for precertification through the SHIP Office. 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 current "Formulary" available here: uhs.berkeley.edu/insurance-ship/ship-benefits/prescriptions

5 | How do I find a fertility preservation provider?

To access a list of fertility preservation providers, go to berkeley.wellfleetinsurance.com/providers. Likewise, a list of fertility preservation providers can be found on: [Tang Center's list of in-network Fertility Preservation Providers](#).

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, follow the steps below to submit a claim:

1. Download a claim form at berkeley.wellfleetinsurance.com/ship.
2. Provide proof of payment.
3. Send 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. Fax claim to 1-559-499-2464 or mail claim to:
HealthComp
621 Santa Fe Avenue, Fresno, CA 93721

Important things to 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.
- Your plan pays a lifetime maximum benefit of \$20,000 for fertility preservation. Fertility medication does not apply to this maximum.
- This benefit covers fertility preservation services only. Your plan does not provide any coverage for testing or treatment of infertility.

