These Benefits are available to you in addition to the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Infertility Services		
Limited to $15,000 per Covered Person per lifetime.	20% co-insurance, after the medical deductible has been met.	Out of network benefits are not available.
	Prior Authorization is required.	

If your coverage includes this benefit, the language "Health care services and related expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment", "Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue" and "In vitro fertilization regardless of the reason for treatment" listed in the **Reproductive** exclusion on the Benefit Summary would not apply. However, the following exclusions would apply to the benefit: "In vitro fertilization that is not an Assisted Reproductive Technology for the treatment of infertility", "The following infertility treatment-related services: Cryo-preservation and other forms of preservation of reproduction materials, long-term storage (greater than one year) of reproductive materials such as sperm, eggs, embryos, ovarian tissue and testicular tissue and donor services".

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**

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