



# A healthy start



## Your fertility benefits

### Ready for a baby — but need some help?

Your Aetna® benefits may be the answer. With coverage for wide-ranging treatment options, you'll have more ways to bring a bundle of joy into your life. Your options include medicine, surgery, artificial insemination, assisted reproductive technology or a combination of treatments. No matter what you might need, we're here to support you.

You do not need to have a diagnosis of infertility to access these benefits, but your specific services might require certain tests before further services can be approved.

### Get started

Your first step is to call your Aetna Service Advocate at [1-800-884-9565 \(TTY: 711\)](tel:1-800-884-9565) and ask to speak with a fertility advocate.

#### Talk with a fertility advocate to:

- Understand what services are available to you
- Learn about procedures and medications you may encounter
- Maximize your benefits and minimize out-of-pocket costs

In addition, your fertility advocate will work with you to fill out a patient registration form. Or, if you prefer, you may complete the form on your own and fax it to [860-607-7476](tel:860-607-7476). This form will help us determine which benefits and services you're eligible to receive. To find the form, log in to your member website at [Aetna.com](http://Aetna.com) and click **Documents & Forms** at the top of the page.

Your fertility advocate is there to help you achieve your health goals and a healthy pregnancy. If you're considering or already using fertility services, call your Aetna Service Advocate at [1-800-884-9565 \(TTY: 711\)](tel:1-800-884-9565).

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).





## Obtaining preapproval

Before authorizing any treatment, your doctor will need to get approval from Aetna®. This process is called precertification. We'll review your treatment plan and any medical information your doctor submits. Based on this review, we'll decide if your case meets clinically approved medical guidelines for the proposed services. This process also allows your doctor to share information with you about how your plan will cover the services in your treatment plan. That way, you'll know before you incur expenses.

If you use an in-network provider, they'll handle precertification for you.

If you use an out-of-network provider, it's not covered under the **Aetna HealthSelect EPO** plan. If you're in the **Aetna HealthSave Basic** plan or **Aetna HealthSave** plan, ask the provider to call Aetna at **1-888-632-3862 (TTY: 711)** to start the process. If they don't provide this service, you'll need to call Aetna yourself.

## Find network providers

Our provider search tool makes it easy. Here's how to use it:

- Log in at [Aetna.com](https://www.aetna.com). Not registered? Take a few minutes to complete this first step.
- Click **Find Care & Pricing** on your home page.
- Enter "infertility treatment" in the search box. If you want to check the network status of a doctor or other provider you are seeing, you can enter that name in the box.

Having trouble finding a network provider? Call your Aetna Service Advocate at **1-800-884-9565 (TTY: 711)**.

In-network doctors and other providers have negotiated rates with Aetna. So you pay less for many services.

What's more, your deductible is lower, and the plan pays a larger share of expenses after the deductible. In-network providers also file claims for you and take care of any precertification requirements so you don't have to.

## Travel and lodging benefits

If covered fertility services are not available from a network provider within 100 miles of your home, your plan will cover U.S. domestic travel and lodging expenses for you and one companion.

Your medical plan deductible and coinsurance apply, as well as these IRS limits and guidelines:

- Travel by, for example, coach class air, train or bus
- Maximum of \$50 per person per night, up to \$100 per night, for lodging expenses
- Annual combined maximum of \$5,000 for fertility, gender-affirming and/or abortion travel and lodging services

Before you travel, you must contact your Aetna Service Advocate to verify provider availability. To be reimbursed for travel and/or lodging costs, you must also submit a claim form.



## Infertility Support Program

This eight-week program is for people who are struggling with fertility issues and the emotions that can come with it. Just call AbleTo at **1-855-773-2354** to talk to a therapist by phone or video. The program is covered at 100% once you meet your annual deductible.





## How your plan pays

Here's how your Aetna® medical plan covers precertified fertility services after you meet your annual deductible.

| Plan provisions              | Aetna HealthSave Basic  |                 | Aetna HealthSave |                 | Aetna HealthSelect EPO  |
|------------------------------|---|-----------------|------------------|-----------------|---|
|                              | In network  | Out of network* | In network       | Out of network* | In network  |
|                              | 80%   | 60%             | 90%              | 70%             | <p><b>Office visits:</b> You pay \$25 for PCP and \$40 for specialist, not subject to deductible</p> <p><b>Lab services:</b> You pay \$25, not subject to deductible</p> <p>Plan pays 90% after deductible for other fertility services</p> |
| <b>Fertility services**</b>  | <p><b>Fertility services include:</b></p> <ul style="list-style-type: none"> <li>• Ovulation induction (OI) procedures, limited to six cycles per lifetime</li> <li>• Three assisted reproductive technology (ART) cycles per lifetime, including in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) and frozen embryo transfer (FET)</li> <li>• Intracytoplasmic sperm injection (ICSI) and ovum microsurgery services</li> <li>• Biopsy of testis and/or gonadal tissue and percutaneous epididymal sperm aspiration (PESA)</li> <li>• Freezing and storage of sperm, eggs and embryos up to one year for medical reasons or elective</li> </ul> <p>In addition, any or all of the ART cycles covered under the plan can be used for elective fertility preservation. If you do an elective fertility preservation cycle, you'll be eligible for a total of three and one half cycles, which includes the fertility preservation cycle.</p> |                 |                  |                 |   |
| <b>Gestational carrier**</b> | If you're using a gestational carrier, some services may be covered, including fertilization, culture and semen analysis.   |                 |                  |                 |   |

\* If you go outside the network (no out-of-network coverage for **Aetna HealthSelect EPO** unless it's an emergency), reimbursement is not based on a negotiated amount, but rather on the recognized amount/charge. You may be responsible for the entire difference between what the provider bills and the recognized amount. And that additional amount doesn't count toward your out-of-pocket maximum.

\*\* Certain limits apply. Not all limits are listed here. This guide provides an overview of certain provisions and limits; it is not intended to be a complete description of these benefits. Before receiving services, call your Aetna Service Advocate at **1-800-884-9565 (TTY: 711)** to find out how your plan covers these services.

### Definition of an ART “cycle” as covered under the plan

| Procedure  | Cycle count    |
|--|----------------|
| One complete fresh IVF cycle with transfer (egg retrieval, fertilization and transfer of embryo)                 | One full cycle |
| One complete GIFT cycle  | One full cycle |
| One complete ZIFT cycle  | One full cycle |
| One fresh IVF cycle with attempted egg aspiration (with or without egg retrieval) but without transfer of embryo | One half cycle |
| Fertilization of egg and transfer of a fresh embryo  | One half cycle |
| One cryopreserved (frozen) embryo transfer   | One half cycle |



## How your plan pays (continued)

### Prescription drug coverage for all plans

You pay the following copays when you use a network pharmacy.

**For Aetna HealthSave Basic and Aetna HealthSave:** You must meet your deductible before copays apply. You'll pay more if you use an out-of-network pharmacy.\*

**For Aetna HealthSelect EPO:** You do not need to meet your deductible before copays apply. There's no coverage when you use an out-of-network pharmacy unless it's an emergency.

|  |   |
|--|---|
| <b>Retail or CVS Specialty® pharmacy</b> | \$15 for generics   |
| 30-day supply**                          | \$45 for brand-name drugs on the Aetna® Performance Drug List   |
|  | \$65 for other brand-name drugs                                 |
|  | Your plan pays up to \$60,000 per lifetime for fertility drugs. |

\* If you go outside the network (no out-of-network coverage for **Aetna HealthSelect EPO** unless it's an emergency), reimbursement is not based on a negotiated amount, but rather on the recognized amount/charge. You may be responsible for the entire difference between what the provider bills and the recognized amount. And that additional amount doesn't count toward your out-of-pocket maximum.

\*\* Copays count toward your out-of-pocket maximum.



To take the survey and enroll, just call your Aetna Service Advocate at [1-800-884-9565 \(TTY: 711\)](tel:1-800-884-9565).

### Aetna Healthy Chapters™

Effective January 1, 2026, the Aetna maternity program is being renamed Aetna Healthy Chapters. This enhanced no-cost program now includes family-building support for both men and women. Access convenient virtual care and personalized resources to support physical and mental well-being. Fertility and maternity navigators can provide one-on-one guidance throughout your reproductive health journey.

Take our pregnancy risk survey to find out if you have any health conditions or risk factors that could affect your pregnancy. If you complete the survey by your 16th week of pregnancy, you'll receive a program reward — a pregnancy wedge pillow.\*

\*Reward subject to change without notice.



## Where to fill your prescriptions

### Retail

Prenatal vitamins and medications like Zithromax® and tetracycline that require a prescription but no preapproval can be filled at a retail pharmacy. To find network retail pharmacies near you, log in at [Aetna.com](#) and click **Pharmacy**.

### Specialty pharmacy

Specialty medications usually require preapproval and must be filled through CVS Specialty®. Your doctor can order your prescription for you, and it will be shipped to your home.

Examples of specialty medications include:

- Gonal-f®, Lupron Depot®, Cetrotide® and Menopur®
- Trigger shots, such as:
  - Novarel® or HCG generic
  - Ovidrel® prefilled
  - Pregnyl®

For questions, call your Aetna Service Advocate at **1-800-884-9565 (TTY: 711)**, or log in at [Aetna.com](#) and click **Pharmacy**.

### What is a specialty drug?

Specialty drugs treat complex, chronic conditions. A nurse or pharmacist will often support their use during treatment. These drugs may be injected, infused or taken by mouth. You may need to refrigerate them.



Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. For a complete list of other participating pharmacies, log in at [Aetna.com](#) and use our provider search tool. Refer to [Aetna.com](#) for more information about Aetna plans.

