

**FREQUENTLY  
ASKED  
QUESTIONS**

**About Infertility  
Coverage**



**Q. What is AbbVie's infertility benefit?**

**A.** Benefits for infertility services are provided through the Fertility Solutions (FS) program in AbbVie's national health plans. FS is a subsidiary of Optum, a UnitedHealthcare company.

All infertility services must be pre-certified through FS and must be received from approved FS providers. You must contact FS and speak with a nurse consultant **before** receiving services, including infertility consultations with a reproductive endocrinologist. Contact FS by calling toll-free at **866-774-4626**.

Covered services may include, but are not limited to:

- In vitro fertilization, gamete Intrafallopian transfer (GIFT) and zygote Intrafallopian transfer (ZIFT), and any related prescription medication treatment
- Embryo transport, donor eggs and semen and related costs, including collection and preparation
- Artificial insemination

Benefits are payable if **all** of the following conditions are met:

- The covered member is unable to conceive or maintain pregnancy after one year (six months for a female age 35 or older) of unprotected sexual intercourse with a partner of the opposite sex<sup>1</sup>
- Pre-certification of services has been obtained through FS
- The procedure is performed by an approved FS provider at an approved FS facility

**Q. Is there a maximum benefit?**

**A.** Yes. Infertility benefits are limited to \$35,000 lifetime for medical services and \$25,000 lifetime for prescription drugs under all of AbbVie's national plans.

Services to diagnose infertility are not included in the lifetime medical benefit maximum. Lupron, a product that can be used for infertility or other indications, is not included in the lifetime prescription maximum.

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<sup>1</sup> A woman without a male partner may be considered infertile if she is unable to conceive or maintain pregnancy after 12 cycles of donor insemination (six cycles if age 35 or older); proof of insemination must be provided

**Q. Do benefits paid by the Abbott plan apply to the lifetime limit?**

**A.** Yes. Infertility benefits paid by the Abbott health plan apply to the lifetime limit.

**Q. What types of infertility treatment are not covered?**

**A.** The plan **does not** cover:

- Infertility treatment occurring within 12 months (six months for a female age 35 or older) after the use of any form of birth control or reversal of an elective sterilization procedure
- Infertility treatment following voluntary sterilization
- Surrogates and gestational carriers
- Donor search costs and donor reimbursement, fees or direct payment to a donor for sperm or egg donation
- Services that are experimental or unproven
- Services performed by non-FS providers unless a network gap exception is approved by FS

**Q. What is the out-of-network benefit?**

**A.** **There is no out-of-network benefit.** To be covered, infertility services must be pre-certified and provided by an FS approved provider at an approved FS facility.

**Q. Which plans are included in the FS program?**

**A.** All of AbbVie's national medical options are included in the FS program.

**Q. If I get prescriptions from my doctor through the medical plan benefit, does it apply to my medical or pharmacy lifetime maximum?**

**A.** If you secure prescription medications through your medical plan benefit, it will apply to your medical plan infertility lifetime maximum. If you secure prescription medication through your pharmacy benefit, it will apply to your pharmacy infertility lifetime benefit maximum.

**Q. Who are the FS approved providers?**

**A.** Each infertility clinic approved through FS was selected based on an extensive evaluation process that includes:

- A proven track record of successful clinical outcomes
- Comprehensive reproductive services
- Superior physician credentials and experience
- Exceptional facility operations and staffing
- Industry accreditation and affiliations

When you call to pre-certify your infertility services, specialized FS nurses will discuss the FS clinics available to meet your individual situation.

**Q. Do I have to work with FS?**

**A.** Yes. You must contact FS before all infertility consultations with a reproductive endocrinologist, and to pre-certify all infertility treatments to receive plan benefits.

**Q. When do I need to pre-certify?**

**A.** You need to pre-certify before receiving any services for the treatment of infertility or before you consult with a reproductive endocrinologist. Otherwise services will not be covered.

**Q. Who do I call for pre-certification?**

**A.** Contact FS at **866-774-4626**.

**Q. What happens if I do not pre-certify for infertility services?**

**A.** Infertility services will not be covered under the plan.

**Q. When can I get more information about these services?**

**A.** If you have specific questions or need more detail, call FS at **866-774-4626**.

**Q. Where do I get a list of approved infertility providers?**

**A.** When you call to pre-certify, a reproductive nurse specialist will discuss your needs and share with you the available providers in your area.

**Q. Can I use any BCBS or UHC in-network provider if I pre-certify?**

**A.** No. You must use a provider approved by FS to receive infertility benefit coverage.

**Q. What if there is no FS-approved infertility center near me?**

**A.** Because of the superior outcomes demonstrated by FS-approved providers, you may be required to drive up to two hours to visit an approved provider. The FS approved provider will work with you to minimize face-to-face visits by working with a local provider near your home for necessary laboratory and blood work.

If no provider meets the FS criteria within a two-hour distance of your home, FS may approve a network gap exception to cover a non-network provider. Call **866-774-4626** to discuss a network gap exception.

Benefits and services described herein apply only to those employees and family members eligible under the individual plans, policies or programs. This information does not apply to participants in the Cigna International Medical option or Kaiser HMO. In case of any conflict or question, the official plan documents or applicable policies, as amended from time to time, will govern. AbbVie reserves the right to change or end its benefit plans or program at any time.