AETNA HEALTH OF CALIFORNIA INC. Rider

Infertility treatment - advanced reproductive technology (excludes fertility preservation)

Rider effective date: June 01, 2026

This Advanced Reproductive Technology (ART) rider is added to your evidence of coverage (EOC). It describes your ART services benefit. This rider is subject to all other requirements described in your EOC, including general exclusions and defined terms.

Coverage and exclusions

Advanced reproductive technology (ART)
Advanced reproductive technology**,** also called "assisted reproductive technology", is a more advanced type of **infertility** treatment.

Covered benefits include the following services provided by a network ART **specialist**:

- Ovulation induction cycle(s) using medication to stimulate the ovaries. This may include the use of ultrasound and lab tests.
- In vitro fertilization (IVF) (excludes fertility preservation)
- Zygote intrafallopian transfer (ZIFT).
- Gamete intrafallopian transfer (GIFT).
- Thawing of eggs, embryos, sperm or reproductive tissue.
- Cryopreserved (frozen) embryo transfers (FET).
- Charges associated with your care when you receive a donor egg or embryo in a donor in vitro fertilization (IVF) IVF cycle. These services include culture and fertilization of the egg from the donor and transfer of the embryo into you.
- Charges associated with your care when using a gestational carrier including egg retrieval and culture and fertilization of your eggs that will be transferred into a gestational carrier. Services for the gestational carrier, including transfer of the embryo into the carrier, are not covered. (See exclusions, below.)
- Prescription drugs injected by your **health care provider** to stimulate the ovaries.

ART **covered benefits** may include either dollar or cycle limits. Your schedule of benefits will tell you which limits apply to your plan.

For plans with ovulation induction cycle limits, an ovulation induction cycle is defined as an attempt at ovulation induction while on medication to stimulate the ovaries with or without artificial insemination.

For plans with ART cycle limits, an ART "cycle" is defined as:

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

Who is eligible for ART services?

You are eligible for ART services if you or your partner have the presence of a demonstrated condition recognized by a licensed **physician** and surgeon as a cause of **infertility** or the inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year or more of regular sexual relations without contraception.

Aetna's National Infertility Unit

Our National Infertility Unit (NIU) is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators. They can help you with determining eligibility for benefits and **precertification**. They can also give you information about our **infertility** Institutes of Excellence™(IOE) facilities. You can call the NIU at 1-800-575-5999.

Your **network provider** will request approval from us in advance for your ART services.

Premature ovarian insufficiency

If your **infertility** has been diagnosed as premature ovarian insufficiency (POI), as described in our clinical policy bulletin, you are eligible for ART services using donor eggs/embryos through age 45 regardless of FSH level.

Exclusions

The following are not **covered benefits**:

- All charges associated with or in support of surrogacy arrangements for you or the surrogate. A surrogate is a female carrying her own genetically related child with the intention of the child being raised by someone else, including the biological father.
- Home ovulation prediction kits or home pregnancy tests.
- The purchase of donor embryos, donor eggs or donor sperm.
- The donor's care in a donor egg cycle. This includes, but is not limited to, screening fees, lab test fees and charges associated with donor care as part of donor egg retrievals or transfers.
- A gestational carrier's care, including transfer of the embryo to the carrier. A gestational carrier is a woman who has a fertilized egg from another woman placed in her uterus and who carries the resulting pregnancy on behalf of another person.
- Obtaining sperm from a person not covered under this plan.
- **Infertility** treatment when a successful pregnancy could have been obtained through less costly treatment.
- **Infertility** treatment when either partner has had voluntary sterilization **surgery**, with or without surgical reversal, regardless of post reversal results. This includes tubal ligation,

hysterectomy and vasectomy only if obtained as a form of voluntary sterilization.

- Infertility medication not injected by your **health care provider**, including but not limited to menotropins, hCG, and GnRH agonists. See the *Other covered benefits* benefit description in your **prescription** drug rider for information on coverage of infertility **prescription** drugs.

Schedule of benefits

This schedule of benefits lists the **deductibles**, **copayments** or **coinsurance,** and limits, if any apply to the **covered benefits** you receive under this rider. This rider is subject to the requirements described in your medical plan schedule of benefits unless otherwise noted below.

Important note
All **covered benefits** described in this rider are subject to the calendar year **deductible, maximum out-of-pocket**, limits, **copayment** or **coinsurance** described in the medical plan schedule of benefits unless otherwise noted below.

Plan features
Covered benefits

Outpatient services

Description	In-network
Performed at an ART specialist office	Covered based on type of service and where it is received
Performed at a hospital outpatient department	Covered based on type of service and where it is received
Performed at an outpatient facility other than a hospital outpatient department	Covered based on type of service and where it is received
Fertility preservation	Covered based on type of service and where it is received

AETNA HEALTH OF CALIFORNIA INC. Rider

Travel and Lodging Reimbursement

Rider effective date: June 01, 2026

This rider is added to the *Coverage and exclusions* section of your certificate. This rider is subject to all other requirements described in your certificate, including general exclusions and defined terms.

Coverage and exclusions

Travel and lodging expenses

We will reimburse you for travel and lodging expenses when you need to travel at least 100 miles from your primary residence to access **covered services** because a law or regulation in your state of residence prohibits **covered services**. The following are covered travel and lodging expenses:

- U.S. domestic travel expenses for the member and the member's travel companion in the 48 contiguous states (coach class air, bus, train or shuttle fares, taxi or ride share fares for local travel)
- Mileage costs, not to exceed amounts permitted by Internal Revenue Service guidelines
- Parking and tolls
- Lodging costs of up to $50 per night, per member or $100 per night, total, for the member and the member's travel companion, not to exceed amounts permitted by Internal Revenue Service guidelines

You must submit a travel and lodging claim form to be reimbursed. You will need to confirm travel was necessary because no **provider** within 100 miles of your primary residence was available to provide the **covered services** when you submit your travel and lodging claim form.

You can obtain a travel and lodging claim form, get assistance in locating a **provider**, or get information about these **covered services** including specific eligibility requirements and limitations by calling the toll-free number on your ID card.

We will reimburse your covered travel and lodging expenses as described in the schedule of benefits below.

Your plan covers expenses for **covered services**. See your certificate for information on **covered services.** Your schedule of benefits describes the **deductibles**, **copayments** or **coinsurance**, if any, that apply to **covered services**.

Exclusions

The following are not covered travel and lodging expenses under this rider:

- Expenses for more than one travel companion
- Gasoline/fuel costs
- Car rentals
- Meals, groceries, hotel room service, alcohol/tobacco products
- Personal care/convenience items, (e.g. shampoo, clothing, deodorant)
- Entertainment/souvenir expenses
- Telephone calls
- Taxes
- Tips, gratuities

- Childcare expenses
- Lost wages

Schedule of benefits

This rider is subject to the requirements described in your medical plan schedule of benefits unless otherwise noted below.

Travel and lodging expenses

Description	Amount
Travel and lodging reimbursement	100%, no **deductible** applies
Limit per year	$3,000