



Illinois Insurance Facts

Illinois Department of Insurance

Insurance Coverage for Infertility Treatment

Revised
December 2014

Note: This information was developed to provide consumers with general information and guidance about insurance coverage and laws. It is not intended to provide a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, regulated entities (insurance industry) and interested parties should contact the Department.

Infertility is a condition that strikes hundreds of couples in Illinois. Treatment for infertility is considered an essential benefit in Illinois under the federal Affordable Care Act (ACA). In addition, Illinois law requires fully insured employer group insurance plans and health maintenance organizations (HMOs) to provide coverage for infertility. Here are the basic facts about the laws.

Federal Law – ACA

The federal law requires that all non-grandfathered and non-transitional plans sold in the individual and small group markets and in the Health Insurance Marketplace cover certain essential health benefits. States were required to choose an essential benefit benchmark plan that would define how the essential benefits would be covered, including state specific mandates that would be included. The benchmark plan chosen for Illinois consumers included coverage for infertility so it must be provided by all individual and small group plans approved for sale on and off the Marketplace.

Who Is Covered?

To receive infertility coverage, you must:

- live in Illinois; and
- have been unable to conceive after one year of unprotected sexual intercourse or unable to sustain a successful pregnancy; or
- have a medical condition that renders conception impossible through unprotected sexual intercourse, including but not limited to congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal due to a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments; or
- efforts to conceive as a result of one year of medically based and supervised methods of conception, including artificial inseminations, have failed and are not likely to lead to a successful pregnancy.

What Is Covered?

Plans must cover the diagnosis and treatment of infertility the same as all other conditions. For example, they may not apply any unique co-payments or deductibles for infertility coverage. Benefits shall include, but not be limited to:

- testing

- prescription drugs
- artificial insemination
- invitro fertilization (IVF)
- gamete intrafallopian tube transfer (GIFT)
- intracytoplasmic sperm injection (ICSI)
- donor sperm and eggs (medical costs)
 - procedures utilized to retrieve oocytes or sperm and subsequent procedures used to transfer the oocytes or sperm to the covered recipient are covered
 - Associated donor expenses medical expense, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, are covered if established as prerequisites to donation by the insurer

What Are The limits?

Under the federal law, there can be no pre-existing condition limitations, and there can be no limits on coverage for essential health benefits.

What Is Not Covered?

- costs incurred for reversing a tubal ligation or vasectomy
- costs for services rendered to a surrogate, however, costs for procedures to obtain eggs, sperm or embryos from a covered individual shall be covered if the individual chooses to use a surrogate and if the individual has not exhausted benefits for completed oocytes retrievals
- costs of preserving and storing sperm, eggs and embryos
- costs for an egg or sperm donor which are not medically necessary; any fees for non-medical services paid to the donor are not covered under the law
- experimental treatments
- costs for procedures which violate the religious and moral teachings or beliefs of the insurance company or covered group

What Policies Are Exempt From The ACA?

The Federal ACA does not apply to Excepted Benefit Policies as defined 42 U.S.C. 300gg-91. Excepted Benefits include but are not limited to:

- Short-term limited duration insurance;
- Accident or disability income insurance;
- Liability insurance, including general liability and auto liability and auto medical payment;
- Worker's compensation or similar insurance;
- Credit only insurance;
- Coverage for on-site medical clinics;
- Long-term care, nursing home care, home health care and community based care;
- Medicare supplements;
- Specified disease or illness;
- Limited dental and vision;
- Hospital indemnity or other fixed indemnity insurance

Illinois Law

If you do not have health insurance that provides essential health benefits under the ACA, the Illinois law may apply to your policy. This includes grand-fathered (policies in place prior to March 23, 2010) and transitional (policies in place prior to January 1, 2014).

Who Must Offer The Coverage?

Illinois law requires insurance companies and HMOs to provide coverage for infertility to employee groups of more than 25. The law does not apply to individual policies, small employer group policies where the employer has 25 or fewer employees, non-employer group policies such as association policies, self-insured employers or to trusts or insurance policies written outside Illinois. However, for HMOs, the law does apply in certain situations to contracts written outside of Illinois if the HMO member is a resident of Illinois and the HMO has established a provider network in Illinois. To determine if your HMO provides infertility benefits, you should contact the HMO directly or check your certificate of coverage.

Who Is Covered?

To receive infertility coverage, you must:

- live in Illinois;
- be covered by a fully insured Illinois group policy through an employer with more than 25 full-time employees
- have been unable to conceive after one year of unprotected sexual intercourse or unable to sustain a successful pregnancy; or
- ;have a medical condition that renders conception impossible through unprotected sexual intercourse, including but not limited to congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal due to a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments; or
- efforts to conceive as a result of one year of medically based and supervised methods of conception, including artificial inseminations, have failed and are not likely to lead to a successful pregnancy.

What Is Covered?

Illinois requires group insurance and HMO plans to cover the diagnosis and treatment of infertility the same as all other conditions. For example, they may not apply any unique co-payments or deductibles for infertility coverage. Benefits shall include, but not be limited to:

- testing
- prescription drugs
- artificial insemination
- invitro fertilization (IVF)
- gamete intrafallopian tube transfer (GIFT)
- intracytoplasmic sperm injection (ICSI)
- donor sperm and eggs (medical costs)
 - procedures utilized to retrieve oocytes or sperm and subsequent procedures used to transfer the oocytes or sperm to the covered recipient are covered

- Associated donor expenses medical expense, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, are covered if established as prerequisites to donation by the insurer

What Are The Limits?

Benefits for advanced procedures such as IVF, GIFT, ZIFT or ICSI are required only if you have been unable to attain or sustain a successful pregnancy through reasonable, less costly medically appropriate infertility treatments for which coverage is available under the policy.

The benefits for advanced procedures required by the law are four completed oocyte retrievals per lifetime of the individual, except that two completed oocyte retrievals are covered after a live birth is achieved as a result of an artificial reproductive transfer of oocytes. For example, if a live birth takes place as a result of the first completed oocyte retrieval, then two more completed oocyte retrievals for a maximum of three are covered under the law. If a live birth takes place as a result of the fourth completed oocyte retrieval, then two more completed oocyte retrievals for a maximum of six are covered. The maximum number of completed oocyte retrievals that can be covered under the law is six.

One completed oocyte retrieval could result in many IVF, GIFT, ZIFT or ICSI procedures. There is no limit on the number of procedures, including less invasive procedures such as artificial insemination. The only limitations are on the number of completed oocyte retrievals.

NOTE: Once the final covered oocyte retrieval is completed, one subsequent procedure (IVF, GIFT, ZIFT, or ICSI) used to transfer the oocytes or sperm is covered. After that, the benefit is maxed out and no further benefits are available under the law.

NOTE: Oocyte retrievals are per lifetime of the individual. If you had a completed oocyte retrieval in the past that was paid for by another carrier, or not covered by insurance, it still counts toward your lifetime maximum under the law.

What Is Not Covered?

Your group insurance or HMO plan does not have to pay for:

- costs incurred for reversing a tubal ligation or vasectomy
- costs for services rendered to a surrogate, however, costs for procedures to obtain eggs, sperm or embryos from a covered individual shall be covered if the individual chooses to use a surrogate and if the individual has not exhausted benefits for completed oocytes retrievals
- costs of preserving and storing sperm, eggs and embryos
- costs for an egg or sperm donor which are not medically necessary; any fees for non-medical services paid to the donor are not covered under the law
- experimental treatments
- costs for procedures which violate the religious and moral teachings or beliefs of the insurance company or covered group

For More Information

CALL

Office of Consumer Health Insurance toll free at (877) 527-9431

OR

Visit us on our website at <http://www.insurance.illinois.gov/>

Infertility Rule may be found at:

<http://www.ilga.gov/commission/jcar/admincode/050/05002015sections.html>

Infertility Law is located at:

<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=021500050K356m>