

**UNIFIED IPA
BENEFIT SCHEDULE
(EFFECTIVE JANUARY 1, 2018)**

WHO IS UNIFIED IPA

Unified IPA is the sole administrator approved by New York State authorities to cover Family Planning and Reproductive Health services for Fidelis Care Health Exchange members.

COVERED SERVICES & CO-PAYS

BENEFITS	ON EXCHANGE								ESSENTIAL PLAN				OFF EXCHANGE				
	PLATINUM	GOLD	SILVER	CSR			BRONZE	CATAS-TROPHIC	ESSENTIAL PLAN		TWO A	TWO B	PLATINUM	GOLD	SILVER	BRONZE	CATAS-TROPHIC
				150	200	250			ONE A	ONE B							
Oral Contraceptives	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Depo Provera Injections	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Paragard & Mirena IUD's	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nexplanon Implant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Xulane Patch	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Contraceptive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Female Tubal & Essure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Male Vasectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0
Interruption of Pregnancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0
Per Service Infertility Co-pays:																	
Specialist Office	\$35	\$40	\$50	\$20	\$35	\$50	50%	\$0	\$25	\$0	\$0	\$0	\$35	\$40	\$50	50%	\$0
Specialist Hospital	\$35	\$40	\$50	\$20	\$35	\$50	50%	\$0	\$50	\$0	\$0	\$0	\$35	\$40	\$50	50%	\$0
Outpatient Hospital	\$100	\$100	\$100	\$25	\$75	\$100	50%	\$0	\$50	\$0	\$0	\$0	\$100	\$100	\$100	50%	\$0
Diagnostic Office	\$35	\$40	\$50	\$20	\$35	\$50	50%	\$0	\$25	\$0	\$0	\$0	\$35	\$40	\$50	50%	\$0
Diagnostic Outpatient	\$35	\$40	\$50	\$20	\$35	\$50	50%	\$0	\$25	\$0	\$0	\$0	\$35	\$40	\$50	50%	\$0
Drug Co-pay	\$60	\$70	\$70	\$30	\$40	\$70	\$70	\$70	\$30	\$0	\$3	\$0	\$60	\$70	\$70	\$70	\$70

FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

Unified IPA covers Family Planning services which consist of FDA approved contraceptive methods prescribed by a Provider, not otherwise Covered under the Fidelis Care Plan Prescription Drug benefit in Section VI of their Contract, counseling on use of contraceptives, related topics and sterilization procedures for women. The above noted Covered Services are not subject to Copayments, Deductibles or Coinsurance when provided by a Unified IPA Participating Provider.

You can use your Health Benefits Exchange Subscriber Identification Card to get covered family planning services through the Unified IPA network of participating providers.

CONTRACEPTIVE AND STERILIZATION EXCLUSIONS AND LIMITATIONS

Contraceptives

- a. Covered contraceptives are not subject to member plan deductible or co-pays for eligible member. Contraceptive refills for 90 days and longer are available upon member request. Please call Unified IPA at (800)342-2641.
- b. Contraceptives prescribed for medical purposes are not covered and should be sent to your primary carrier.
- c. Physician covered contraceptive prescription and prescription renewal services are covered as part of the Member's annual Well Woman Examination and should be sent to your primary carrier. Unified IPA also covers additional contraceptive office consultations, if needed.
- d. The Skyla, Kyleena or Liletta IUD's and Ortho-Evra patch are not covered formulary contraceptives for members without cost sharing. Members desiring coverage for either the Skyla, Kyleena, Liletta IUD's or Ortho-Evra patch will be charged a thirty (30) percent co-pay of the total device invoice cost.

To obtain coverage for either the Skyla, Kyleena, Liletta IUD's or Ortho-Evra patch at no member co-pay, the member's attending physician must document the specific medical reasons for the specific device and the severity of patient health affects of using a covered alternative contraceptive. The member 30% Skyla, Kyleena, Liletta IUD's co-pay will be waived if the physician device acquisition cost is less than \$600.00.

Sterilization

- a. Bilateral Tubal Ligations, Essure sterilization and Vasectomy procedures are covered.

Interruption of Pregnancy

- a. Unified IPA Covers medically necessary abortions including abortions in cases of rape, incest or fetal malformation. Unified IPA Covers elective abortions for one (1) procedure, per Plan Year.
- b. All interruption of pregnancy services are covered only when provided by Unified IPA contracted physicians and facilities. All covered services are provided at no cost to covered members.

COVERED REPRODUCTIVE HEALTH SERVICES

The covered diagnostic and therapeutic reproductive health services include the following standard male and female infertility tests and procedures when prescribed, ordered or provided by a participating reproductive medicine specialist. The covered services are limited to members aged from 21 to 44 years old. All covered Reproductive Health Services are subject to and integrated with the member's plan deductible and out of the pocket maximum.

a. Male Services

- Semen Analysis
- Testicular Biopsy

b. Female Lab Tests

- Assay of Thyroid
- Beta HCG
- Estradiol
- FSH
- Gonadotropin Hormone
- LH
- Pituitary Evaluation
- Post –coital test
- Progesterone
- Prolactin Test
- TRH Stimulation
- Urine Pregnancy Test

c. Female Procedures

- Endometrial Biopsy
- Hysterosalpingogram
- Hysteroscopy
- Laparoscopy

The therapeutic reproductive health services, Ovulation Induction and, as necessary, Artificial Insemination are covered when provided in accordance with the recommendations and clinical guidelines of the American Society for Reproductive Medicine and College of Obstetrics and Gynecology. Each covered monthly Ovulation Induction cycle consists of a single three (3) to five (5) sequential day period in which the member is provided Formulary Medications and appropriate physician, pelvic ultrasound, lab tests and monitoring services by a reproductive medicine specialist. The covered Formulary Medications to induce ovulation, trigger egg release and implantation are listed below.

- Clomid or Serophene (J8499)
- Novarel (J0725)

Each covered insemination related Ovulation Induction cycle is followed with a quantitative Beta HCG pregnancy test. Once the member/patient's progesterone level reaches (200), a pelvic ultrasound is covered to determine the pregnancy's viability and location of the impregnated ovum.

All services must be provided by physicians who are qualified to provide such services in accordance with the guidelines and recommendations established and adopted by the American Society for Reproductive Medicine, College of Obstetrics and Gynecology and New York State Infertility Insurance Mandate.

REPRODUCTIVE HEALTH EXCLUSIONS

- a) In vitro, GIFT and ZIFT procedures
- b) Cost for an ovum donor or donor sperm
- c) Sperm storage costs
- d) Cryopreservation and storage of embryos
- e) Ovulation predictor kits
- f) All costs for and relating to surrogate motherhood (maternity services are Covered for Members acting as surrogate mothers)
- g) Cloning
- h) Medical and surgical procedures that are experimental or investigational unless our denial is overturned by an External Appeal Agent