

**UNIFIED IPA
BENEFIT SCHEDULE
(EFFECTIVE JANUARY 1, 2017)**

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

	ON EXCHANGE								ESSENTIAL PLAN				OFF EXCHANGE					COVERAGE LIMITATIONS
	PLATINUM	GOLD	SILVER	CSR			BRONZE	CATAS-TROPHIC	ESSENTIAL PLAN		ESSENTIAL PLAN		PLATINUM	GOLD	SILVER	BRONZE	CATAS-TROPHIC	
				150	200	250			ONE A	ONE B	TWO A	TWO B						
DEDUCTIBLE	NONE	\$600	\$2,000	NONE	\$300	\$1,650	\$4,000	\$7,150	NONE	NONE	NONE	NONE	NONE	\$600	\$2,000	\$4,000	\$7,150	
OUT OF POCKET MAX (INDIVIDUAL)	\$2,000	\$4,000	\$6,750	\$1,000	\$2,350	\$5,700	\$7,150	\$7,150	\$2,000	\$0	\$200	\$0	\$2,000	\$4,000	\$6,750	\$7,150	\$7,150	
BENEFITS																		
Oral Contraceptives	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	28 days
Depo Provera Injections	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	90 days
Paragard & Mirena IUD's	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	10 & 5 years
Nexplanon Implant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	1 year
Xulane Patch	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	28 days
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	1 per lifetime
Male Vasectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0	1 per lifetime
Per Service Infertility Co-pays:																		
Specialist Office	\$35	\$40	\$50	\$20	\$35	\$50	50%	\$0	\$25	\$0	\$0	\$0	\$35	\$40	\$50	50%	\$0	5 ovulation induction & artificial insemination cycles
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

Termination and Reversals

- a. All medical services associated with a voluntary termination of pregnancy are excluded from coverage.
- b. All medical services associated with the reversal of an elective sterilization are excluded from coverage.

Contraceptives

- a. Contraceptives prescribed for medical purposes are not covered and should be sent to your primary carrier.
- b. 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.
- c. 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. 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. Sterilization services, surgery and labs, are limited to one per lifetime.
- b. Bilateral Tubal Ligations, Essure sterilization and Vasectomy procedures are covered.

COVERED REPRODUCTIVE HEALTH SERVICES

The covered diagnostic reproductive health services include the following standard male and female infertility tests and procedures and are limited to individuals age 22 to 44 years old.

a. Male Semen Analysis

b. Female Lab Tests

- Pituitary Evaluation (Limit – 1)
- Gonadotropin Hormone (Limit – 1)
- TRH Stimulation (Limit – 1)
- Urine Pregnancy Test (Limit – 1)
- Estradiol (Limit – 4 to 5)
- FSH (Limit – 1)
- LH (Limit – 4 to 5)
- Progesterone (Limit – 3 to 4)
- Prolactin Test (Limit – 1)
- Assay of Thyroid (Limit – 1)
- Beta HCG (Limit – 1)

c. Female Procedures

- Endometrial Biopsy (Limit – 1)
- Hysterosalpingogram (Limit – 1)

The therapeutic reproductive health services, Ovulation Induction and, as necessary, Artificial Insemination are covered when provided in sequential combination for the member/patient.

The covered course of treatment will include appropriate medical treatment and monitoring services over the course of no more than five (5) cycles of Ovulation Induction. [Unified IPA will limit covered Ovulation Induction services to five (5) cycles per lifetime]

Each covered Ovulation Induction cycle consists of a four (4) to five (5) sequential day period in which the member/patient is provided Formulary Medications and appropriate physician, pelvic ultrasound and lab test monitoring services. The covered Formulary Medications to induce ovulation and trigger egg release and implantation are listed below.

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

Once ovulation is confirmed, Unified IPA covers no more than five (5) in office-sperm washes and insemination procedures per Ovulation Induction cycle. [Unified IPA will limit the insemination related Ovulation Induction cycles to five (5) per lifetime.]

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 Providers who are qualified to provide such services in accordance with the guidelines established and adopted by the American Society for Reproductive Medicine.

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) Sex change procedures
- h) Cloning
- i) Medical and surgical procedures that are experimental or investigational unless our denial is overturned by an External Appeal Agent