



# Explanation of Infertility benefits for the NewYork-Presbyterian EPO plan

## Infertility benefits coverage

These benefits are available regardless of sex, sexual orientation, gender identity and marital status. An infertility diagnosis is not required.

**Treatment of Infertility** For an expanded list of services, scan the QR code or [Click Here](#)



| Eligible health services*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | In-network coverage                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <p><b>Basic Infertility</b></p> <p><u>Covered services include:</u></p> <ul style="list-style-type: none"> <li>• <b>New for 2025: Artificial Insemination (Section A,3 in Aetna Clinical Policy Bulletin: Infertility (CPB))</b></li> <li>• Seeing a provider to diagnose and evaluate the underlying medical cause of infertility</li> <li>• Surgery to treat the underlying medical cause of infertility – for example, endometriosis surgery or varicocele surgery</li> </ul> <p>For an expanded list of services available under the basic infertility benefit, please refer to sections <b>A</b> through <b>D</b> under <b>I</b>. Medical Necessity of the <b>CPB</b>.</p> | <p>Covered according to the type of benefit and the place where the service is received</p> |
| <p><b>Outpatient ART services**</b></p> <ul style="list-style-type: none"> <li>• IVF</li> <li>• <b>Ovulation Induction (OI) Medications</b></li> <li>• Cryopreservation and thawing of egg, sperm, and embryo               <ul style="list-style-type: none"> <li>- Plan benefits for cryopreservation and thawing do not apply to the Assisted Reproductive Technology (ART) lifetime maximum.</li> </ul> </li> <li>• Egg storage               <ul style="list-style-type: none"> <li>- Plan benefit is 100% and does not apply to Assisted Reproductive Technology (ART) lifetime maximum.</li> </ul> </li> </ul>                                                           | <p>80% (of the <b>negotiated charge</b>) per visit</p>                                      |
| <p><b>Maximum per lifetime***</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>\$30,000</b></p>                                                                      |

\* Please refer to benefits documents for separate pharmacy coverage (not counted toward \$30,000 maximum). **Ovulation Induction (OI) is a part of ART and considered a non-surgical treatment. Listed in CPB Section I, Letter E under number 2. These medications are covered under the pharmacy benefit.**

\*\*Assisted reproductive technology (ART) services are covered for iatrogenic diagnoses ONLY (that is, infertility resulting from other medical treatment or intervention). Providers are limited to the Weill Cornell Center for Reproductive Medicine and the Columbia University Fertility Center, or Aetna® Institutes of Excellence™ if you live outside of Kings, Queens, Bronx, New York, Richmond, Nassau or Westchester counties. Contact the Aetna National Infertility Unit (NIU) for registration and further assistance (see page 2).

\*\*\* As used for this benefit, “lifetime” includes covered benefits paid under an NYP-sponsored plan to the same individual. The individual lifetime maximum prior to 1/1/2021 was \$15,000. Individuals who met the \$15,000 lifetime maximum have access to an additional \$15,000 benefit as of 1/1/2021.



If you live in Kings, Queens, Bronx, New York, Richmond, Nassau or Westchester counties, assisted reproductive technology (ART) services are **ONLY** covered if you receive them at the Weill Cornell Center for Reproductive Medicine or the Columbia University Fertility Center. If you live outside of the counties listed above, you **ALSO** have access to the Aetna® Institutes of Excellence™ network for covered infertility services. Please call Aetna Member Services at **1-866-267-1091 (TTY: 711)** for benefits-related questions. For infertility-specific benefits questions, you may be transferred to the Aetna National Infertility Unit (NIU), or you can call the Aetna NIU team directly at **1-800-575-5999 (TTY: 711)**.

## ART infertility services

Eligible health care services under your medical plan include ART infertility care as well as fertility preservation. The first step in using these services is enrolling with our **National Infertility Unit (NIU)**. To enroll, call **1-800-575-5999 (TTY: 711)**.

Our NIU is here to help you throughout your fertility journey. It's staffed by a dedicated team of registered nurses and infertility coordinators with expertise in all areas of infertility. They can help you:

- Enroll in the infertility program
- Determine whether ART services and fertility preservation services are eligible health care services under your plan

For other benefits-related questions, please call **Aetna Member Services** at **1-866-267-1091 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

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