

Fertility Coverage

UBS recognizes that the definition of family is expanding, and we want all of our employees to have equal access to the benefits that will help them build a family. Therefore, as of January 1, 2020, all employees and spouses or partners enrolled in a medical plan will have access to fertility treatment and services, without needing to provide proof that the treatment is a medical necessity to access coverage.

Read on to better understand the different types of treatment and services:

1. Basic infertility services
2. Comprehensive infertility services
3. Advanced reproductive technology for infertility
4. Fertility preservation

Basic infertility services

Eligibility

You are eligible for basic infertility services if you are covered under this plan as an employee or as a covered dependent who is the employee's legal spouse or domestic partner, referred to as "your partner".

What's covered?

Eligible employees are covered for care from a network provider to:

- Diagnose and evaluate the underlying medical cause of infertility
- Do surgery to treat the underlying cause of infertility (examples include endometriosis for women, or varicocele for men)

There are no limits to the number of cycles you can apply this benefit to. There is, however, a lifetime maximum of \$35,000 for in-network care and \$15,000 for out of network care.

Comprehensive infertility services

Eligibility

You are eligible for infertility services beyond basic infertility care if:

- You are covered under this plan as an employee or as a covered dependent who is the employee’s legal spouse or domestic partner, referred to as “your partner”.
- You or your partner has not had a voluntary sterilization, 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.
- You or your partner does not have infertility that is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause).
- Your unmedicated day 3 Follicle Stimulating Hormone (FSH) level meets the following criteria:

You are	You need to have an unmedicated day 3 FSH test done within the past:	The results of your unmedicated day 3 FSH test:
<i>A female under 35 years of age with a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test
<i>A female under 35 years of age without a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test
<i>A female 35 years of age or older with a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40
<i>A female 35 years of age or older without a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40
<i>A male of any age with a female partner under 35 years of age</i>	Does not apply	Does not apply
<i>A male of any age with a female partner 35 years of age or older</i>	Does not apply	Does not apply

What’s covered?

UBS covers charges made by infertility specialist for the following services:

- Ovulation induction cycle(s) with menotropins
- Intrauterine insemination

A “cycle” is an attempt at ovulation induction or intrauterine insemination. The cycle begins with the initiation of therapy and ends when the treatment is followed by confirmation of non-pregnancy (either a negative pregnancy test or a menstrual period). In the case of the achievement of pregnancy, a cycle is considered completed at 6 weeks following a positive pregnancy test. Each treatment type is counted as a separate cycle.

There are no limits to the number of cycles you can apply this benefit to. There is, however, a lifetime maximum of \$35,000 for in-network care and \$15,000 for out of network care.

Advanced reproductive technology (ART)

Eligibility

You are eligible for ART services if:

- You are covered under this plan as an employee or as a covered dependent who is the employee’s legal spouse or domestic partner, referred to as “your partner”. Dependent children are covered under this plan for ART services only in the case of fertility preservation due to planned treatment for medical conditions that will result in infertility.
- You or your partner has not had a voluntary sterilization, 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.
- You or your partner does not have infertility that is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause).
- If you have been diagnosed with premature ovarian insufficiency (POI), as described in our clinical policy bulletin, you are eligible for ART services through age 45 regardless of FSH level.
- Your unmedicated day 3 Follicle Stimulating Hormone (FSH) level meets the following criteria:

You are	You need to have an unmedicated day 3 FSH test done within the past:	The results of your unmedicated day 3 FSH test:
<i>A female under 35 years of age with a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs.
<i>A female under 35 years of age without a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs.
<i>A female 35 years of age or older with a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs. If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40 to use your own eggs, embryos or donor eggs or embryos.
<i>A female 35 years of age or older without a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test to use your own eggs. If greater than 19 mIU/mL, you can use donor eggs or embryos but not your own eggs. If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40 to use your own eggs, embryos or donor eggs or embryos.
<i>A male of any age with a female partner under 35 years of age</i>	Does not apply	Does not apply
<i>A male of any age with a female partner 35 years of age or older</i>	Does not apply	Does not apply

What's covered?

ART services are more advanced medical procedures or treatments performed to help a woman achieve pregnancy. Covered ART services include:

- In vitro fertilization (IVF)
- Zygote intrafallopian transfer (ZIFT)
- Gamete intrafallopian transfer (GIFT)
- Cryopreserved embryo transfers (Frozen Embryo Transfers (FET))
- Intracytoplasmic sperm injection (ICSI) or ovum microsurgery

There are no limits to the number of cycles you can apply this benefit to. There is, however, a lifetime maximum of \$35,000 for in-network care and \$15,000 for out of network care.

Fertility preservation

Eligibility

You are eligible for Fertility preservation services if:

- You are covered under this plan as an employee or as a covered dependent who is the employee's legal spouse or domestic partner, referred to as "your partner". Dependent children are covered under this plan for ART services only in the case of fertility preservation due to planned treatment for medical conditions that will result in infertility.
- You or your partner has not had a voluntary sterilization, 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.
- You or your partner does not have infertility that is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause).
- If you have been diagnosed with premature ovarian insufficiency (POI), as described in our clinical policy bulletin, you are eligible for ART services through age 45 regardless of FSH level.
- Your unmedicated day 3 Follicle Stimulating Hormone (FSH) level meets the following criteria:

You are	You need to have an unmedicated day 3 FSH test done within the past:	The results of your unmedicated day 3 FSH test:
<i>A female under 35 years of age with a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test
<i>A female under 35 years of age without a male partner</i>	12 months	Must be less than 19 mIU/mL in your most recent lab test
<i>A female 35 years of age or older with a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40

<i>A female 35 years of age or older without a male partner</i>	6 months	If you are less than age 40, must be less than 19 mIU/mL in your most recent lab test If you are age 40 and older, must be less than 19 mIU/mL in all prior tests performed after age 40
<i>A male of any age with a female partner under 35 years of age</i>	Does not apply	Does not apply
<i>A male of any age with a female partner 35 years of age or older</i>	Does not apply	Does not apply

What's covered?

Fertility preservation involves the retrieval of mature eggs and/or sperm or the creation of embryos that are frozen for future use. Eligible health services for fertility preservation will be paid on the same basis as other ART services and will be covered under the plan for 12 months.

UBS covers charges made by an ART specialist for the following ART fertility preservation services:

- Any combination of the following ART services:
 - In vitro fertilization (IVF)*
 - Zygote intrafallopian transfer (ZIFT)
 - Gamete intrafallopian transfer (GIFT)
 - Cryopreserved embryo transfers (Frozen Embryo Transfer (FET))
- Intracytoplasmic sperm injection (ICSI) or ovum microsurgery.
- 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. The embryo transfer itself is not covered.
- Charges associated with your care when you will receive a donor egg or embryo in a donor IVF cycle. These services include culture and fertilization of the egg from the donor and transfer of the embryo into you.
- Charges associated with obtaining sperm from your partner when they are covered under this plan for ART services.
- The procedures are done while not confined in a hospital or any other facility as an inpatient.

A "cycle" is an attempt at a particular type of infertility treatment (e.g., GIFT, ZIFT, cryopreserved embryo transfers). The cycle begins with the initiation of therapy and ends when the treatment is followed by confirmation of non-pregnancy (either a negative pregnancy test or a menstrual period). In the case of the achievement of pregnancy, a cycle is considered completed at 6 weeks following a positive pregnancy test. Each treatment type is counted as a separate cycle.

There are no limits to the number of cycles you can apply this benefit to. There is, however, a lifetime maximum of \$35,000 for in-network care and \$15,000 for out of network care.

*In some plans with limits on the number of cycles of IVF covered, "one" cycle of IVF may be considered as one elective single embryo transfer (ESET) cycle followed consecutively by a frozen single embryo transfer cycle. This cycle definition applies only to individuals who meet the criteria for ESET, as determined by our NIU and for whom the initial ESET cycle did not result in a documented fetal heartbeat. Eligible health services for ESET will be paid on the same basis as any other ART services benefit.

Contact WINFertility to start the process of using your fertility benefits by calling +1-866-329 1224. Or visit managed.winfertility.com/ubs.

Enrolled in a Kaiser medical plan? As fully insured medical plans, Kaiser-provided benefits are designed around state mandates and limitations. UBS has enhanced the fertility benefits for the California plans allowing for an additional treatment cycle and Advanced Reproductive Treatments such as IVF, GIFT, and ZIFT. To learn more, contact Kaiser directly.

Kaiser Colorado: +1-800-632 9700
Kaiser Georgia: +1-888-865 5813
Kaiser Hawaii: +1-800-966 5955
Kaiser Mid-Atlantic: +1-800-777 7902
Kaiser California: +1-800-464 4000
Kaiser Washington: +1 888-901 4636
Kaiser Northwest: +1-800-813 2000

This document is for general reference and highlights certain plans and programs of UBS for eligible employees in the United States. It is a Summary of Material Modifications to the referenced plans and programs. More detailed descriptions of these plans and programs can be found in the legal plan documents governing these benefits. While we have made every effort to make this document accurate, if there is any conflict between the information contained herein and the applicable plan documents, the plan documents will govern. The information contained herein does not imply that participation in the plans and programs is a guarantee of continued employment with UBS. It also does not imply or guarantee that the plans and programs will exist or remain unchanged in the future. Nothing herein creates any vested or contractual rights. UBS continues to reserve the right to change or terminate its plans and programs at any time in the future for any reason.