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things to consider when calculating your total

OUT-OF-POCKET EXPENSES FOR FERTILITY TREATMENT

Before examining the individual elements that contribute to your overall expenses, it's important to understand what plays into your estimated total out-of-pocket expenses.

This typically includes the following items:

- Deductible (Individual/family)
- Co-pays
- Co-insurance
- Out-of-pocket maximum
- Lifetime benefit max



Watch this video for a full breakdown, plus examples, of how to calculate your estimated out-of-pocket expenses.

Now that we know **how to calculate** our estimated out-of-pocket expenses, here are the top three categories of fertility treatment items to review with your insurance provider to understand what is covered and what isn't.

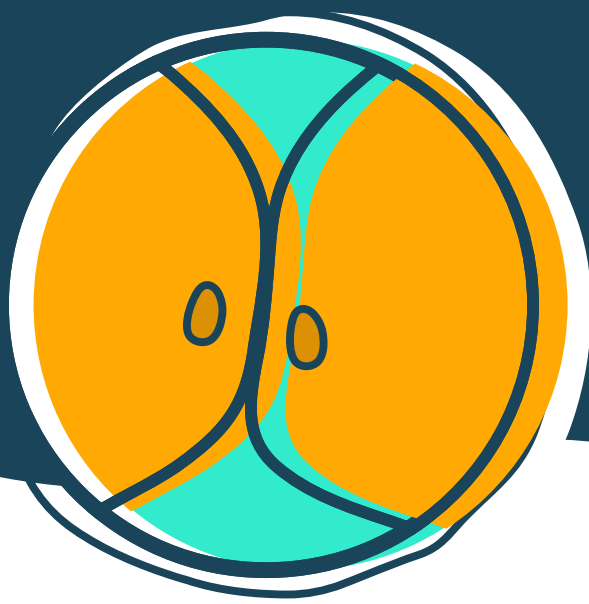


#1 IN-NETWORK EXPENSES

- Laboratories
 - Diagnostic testing/Bloodwork
 - Pre-conception carrier screening
 - Pre-implantation genetic testing
 - Tissue storage
 - Endometrial receptivity testing
- Office visits (ultrasounds, monitoring visits, etc.)
 - Reproductive endocrinologist and practice is in-network
- Retrievals and transfers
 - Physician fees
 - Anesthesia/other ancillary provider fees
 - Facility fees

#2 ADDITIONAL SERVICES

- ICSI
- Culture of embryos
- Assisted hatching



#3 MEDICATIONS

- Specialty medications
 - Gonadotropin-Releasing Hormone (GnRH)
 - Gonadotropin
 - Triggers
 - Letrozole
 - Omnitrope
- General medications
 - Birth control
 - Estrogen
 - Progesterone