# I.A.F.F. Local 22, The Philadelphia Firefighters & Paramedics Health Plan

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**IMPORTANT NOTICE**

To: Health Plan Participants

From: Board of Trustees ("Plan")

Date: October 2025

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***This is a Summary of Material Modifications ("SMM" or "Notice") intended to notify you of expanded family planning infertility related benefits provided by the Health Plan, effective January 1, 2026. Please take the time to read this Notice carefully and keep it with your copy of the Health Plan's Summary Plan Description ("SPD").***

*Please note your share of the cost for covered Infertility Services (copayment, coinsurance, deductible) depends on the type of service and the facility where the service is received.*

## In Vitro Fertilization (IVF) Benefit

### Eligibility

Members and their spouses who are covered under the Local 22 medical and prescription plan will be eligible for the in vitro fertilization benefit if medically necessary. For same sex female couples, the in vitro fertilization benefit must be assigned to either the covered employee or the covered spouse. **Dependent children are not eligible for the in vitro fertilization benefit.**

### Maximum Benefits

There will be a $25,000 lifetime maximum in vitro fertilization benefit: a $15,000 lifetime maximum for medical services and a $10,000 lifetime maximum for prescription drugs,

including all fertility treatments related to fertility medical services. Maximum benefits are subject to change. See the chart below for more details. Billed services, whether successful or not, will count toward the lifetime maximum.

## Using IVF Benefits

You must call BeneCard Specialty Pharmacy at 888.907.0070 to get preauthorized for prescription benefits in conjunction with in vitro medical benefits. Medical services do not require authorization.

## Assisted Fertilization and Family Planning Services

| Service | Personal Choice PPO *No Referral Required* | Keystone HMO *Referral Required* |
|---|---|---|
| Office visits to diagnose infertility* | Covered | Covered |
| Diagnostic testing (lab and X-ray) * | Covered | Covered |
| Artificial insemination; Intra-cervical and intrauterine** | Covered | Covered |
| In vitro fertilization | Covered | Covered |
| Gamete intra-fallopian transfer (GIFT) | Covered | Covered |
| Zygote intra-fallopian transfer (ZIFT) | Covered | Covered |
| Tubal ligation* | Covered | Covered |
| Vasectomy * | Covered | Covered |
| Fertility medication | Refer to BeneCard Specialty Pharmacy at 888.907.0070 | Refer to BeneCard Specialty Pharmacy at 888.907.0070 |

**Does not apply to lifetime maximum*
***Applies to prescription drug lifetime maximum and not to lifetime maximum for medical services*

Basic Infertility

Covered services include seeing a provider:

- To diagnose and evaluate the underlying medical cause of infertility.
- To perform surgery to treat the underlying medical cause of infertility. Examples include endometriosis surgery for women or varicocele surgery for men.

Comprehensive Infertility Services

Covered services include the following infertility services provided by an infertility specialist:

- Artificial insemination, which includes intrauterine (IUI)/intracervical (ICI) insemination. Coverage for artificial insemination is limited to six (6) cycles per lifetime.

A "cycle" is defined as a cycle with or without injectable medication to stimulate the ovaries.

- An attempt at ovulation induction while on injectable medication to stimulate the ovaries with or without artificial insemination.
- An artificial insemination cycle with or without injectable medication to stimulate the ovaries.

Health Plan participants and covered dependents ("Covered Individuals") are eligible for these covered Basic and Comprehensive Infertility services if:

- The Covered Individual or their partner have been diagnosed with infertility; and
- The Covered Individual and partner have met the requirement for the number of months trying to conceive through egg and sperm contact; and
- The Covered Individual's unmedicated day 3 Follicle Stimulating Hormone (FSH) level and testing of ovarian responsiveness meet the criteria outlined in Independence Blue Cross's infertility clinical policy.

Exclusions

The following are not covered infertility services:

- All charges associated with or in support of surrogacy arrangements for Covered Individual or the surrogate. A surrogate is a female carrying her own genetically related child with the intention of the child being raised by someone else, including the biological father.
- Home ovulation prediction kits or home pregnancy tests.
- The purchase of donor embryos, donor eggs or donor sperm.
- The donor's care in a donor egg cycle. This includes, but is not limited to, screening fees, lab test fees and charges associated with donor care as part of donor egg retrievals or transfers.
- A gestational carrier's care, including transfer of the embryo to the carrier. A gestational carrier is a woman who has a fertilized egg from another woman placed in her uterus and who carries the resulting pregnancy on behalf of another person.
- Obtaining sperm from a person not covered under the Plan.
- Infertility treatment when a successful pregnancy could have been obtained through less costly treatment.
- Infertility treatment when either partner has had voluntary sterilization surgery, 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.
- Infertility treatment when infertility is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause) as measured by an unmedicated FSH level at or above 19 on cycle day two or three of your menstrual period.
- Advanced Reproductive Technology (ART) infertility treatment for dependent children.

The Board of Trustees is delighted to continue to improve benefits and coverage for Fund participants and their families. If there are any questions, please contact the Fund Office at (212) 440-4421 / 22.

This Notice is intended to provide you with an easy-to-understand description of certain important changes to the Health Plan's benefits. While every effort has been made to make this description as complete and accurate as possible, this Notice, of course, cannot contain a full restatement of the terms and provisions of the plan. For a full description of your rights under the Health Plan, please refer to the plan documents (including the SPD). If any conflict should arise between this Notice and the plan documents, or if any point is not discussed in this Notice or is only partially discussed, the terms of the plan documents (including the SPD) will govern in all cases.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Health Plan, or any benefits provided under the Health Plan, in whole or in part, at any time and for any reason, in accordance with the amendment procedures established under the plan and the trust agreement establishing the plan. The formal plan documents and trust agreement are available at the Health Plan Office and may be inspected by you during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the plan, or to change any provision of the plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the plan and decide all matters arising under the plan.