Anthem Blue Cross offers the option to choose infertility treatment with all medical plans.

**Infertility Treatment Benefit**

Medical care that is covered, when provided for the diagnosis and treatment of infertility, shall be those services and supplies specified in the Evidence of Coverage (EOC) as covered for the treatment of illness generally. The member must be under the direct care and treatment of a physician for infertility.

The member’s copayment will be 50% of covered expense incurred (Note: Any copayment made for infertility treatment will not be applied to the Annual Copayment Maximums). In no event will benefit payments exceed $2,000 for all covered expense incurred in a calendar year.

Infertility Treatment. The following services and supplies furnished in connection with the diagnosis and treatment of infertility, when under the direct care and treatment of a physician.

1. Examinations.
2. Diagnostic tests and work-ups.
3. Medications administered in a physician’s office.
4. Reconstructive surgery, except for sterilization reversal.
5. Artificial insemination.

Treatment for infertility will not include elective sterilization reversal, gamete intrafallopian transfer or any other services for infertility not specifically stated above. In no event will benefit payments exceed $2,000 for all covered services and supplies during a calendar year.