



## Addendum to the Medical Benefit Summary

California–Select Plus

**These Benefits are available to you in addition to the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**

Common Medical Event	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
<b>Infertility Services</b>		
Limited to \$15,000 per Covered Person per lifetime.	20% co-insurance, after the medical deductible has been met.	<i>Out-of-Network Benefits are not available</i>

*Prior Authorization is required.*

If your coverage includes this benefit, the language “In vitro fertilization regardless of the reason for treatment” in the **Procedures and Treatments** exclusion section on the Benefit Summary would not apply. As well as, the language "Health services & associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility" and “Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue” listed in the **Reproductive** exclusion on the Benefit Summary would not apply. However, the following exclusions would apply to the benefit: “In vitro fertilization which is not provided as an Assisted Reproductive Technology for the treatment of infertility”, “The following infertility treatment-related services: Cryo-preservation and other forms of preservation of reproduction materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue and testicular tissue and donor services”.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, these documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**

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UnitedHealthcare Insurance Company