Fertility Benefits Overview

FS Investments offers medical benefits to meet the varied health needs of our employees and their families including those pursuing family planning options.

FS INVESTMENTS℠

Standard Benefit Coverage

Your standard medical benefit provides the following services:

- Office visits to diagnose infertility
- Diagnostic testing (lab and x-ray)
- Artificial insemination (intra-cervical, intra-uterine)
- Tubal ligation
- Vasectomy
- Contraceptive devices
- Oral fertility drugs

Cost-sharing

Medical

- In-network: 100%, after deductible
- Out-of-network[1]: 50%, after deductible

Prescription (Injectables)

Contingent upon the medication tier and deductible accumulation

Out-of-pocket maximums

There is a $40,000 lifetime maximum for medical benefits, and a $15,000 lifetime maximum for prescription injectable medications.

Advanced Reproductive Techniques

As of January 2018, FS Investments began offering Advanced Reproductive Techniques as an added benefit feature to assist those seeking additional options, including:

- In-vitro Fertilization (IVF)
- Zygote Intrafallopian Transfer (ZIFT)
- Gamete Intrafallopian Transfer (GIFT)
- Intracytoplasmic Sperm Injection (ICSI)
- Frozen Embryo Transfer (FET)
- Tubal Embryo Transfer (TET)
- Sperm Retrieval Techniques (SRT)
- Gamete Cryopreservation (GC)

NEW for 2020: Cryopreservation and Storage

Beginning January 1, 2020, FS Investments is further enhancing these benefits to include coverage for freezing and storage of sperm, eggs, and embryos. These services will be calculated toward the $40,000 Lifetime maximum.

Independence

[1]Non-Preferred Providers may bill you for differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, the payment is based on 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

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