



Assisted Reproductive Technology Benefit Support for Your Family-Building Journey

Eligible PEHP members* no longer have a \$4,000 limit on Assisted Reproductive Technology (ART) services, including In Vitro Fertilization (IVF).

- » Available only to members* enrolled in the Traditional or STAR HSA plan.
- » ART/IVF services are covered under your regular medical plan benefits. Check your Benefits Summary for detailed information.
- » ART/IVF services must be done using contracted providers. See approved clinics listed below.
- » Preauthorization is required.

Note: Coverage is only available in connection with the transfer of a single embryo. This includes up to \$5,000 to reimburse you for medical costs.

Eligibility

- » Age restrictions apply:
 - › Under age of 40 when own oocytes are used.
 - › Under age 46 if oocytes are sourced from another woman; however, the donor must be under 36.
- » Surrogates are not eligible.
- » Donor charges are not eligible; however, once an embryo is created, the qualifying ART procedure becomes eligible.



ART Qualifying Procedures

Limited to single embryo/gamete/zygote transfers:

- » In Vitro Fertilization (IVF)
May include intracytoplasmic sperm injection (ICSI), frozen embryo transfer (FET).
- » Gamete intrafallopian transfer (GIFT)
Criteria must be met.
- » Zygote intrafallopian transfer (ZIFT)/ Tubal embryo transfer (TET) / Pronuclear stage tubal embryo transfer (PROUST)
Criteria must be met.
- » Specialized sperm retrieval
(i.e., Microsurgical epididymal sperm aspiration (MESA) / Percutaneous Epididymal Sperm Aspiration (PESA) / Testicular sperm aspiration (TESA) / Testicular sperm extraction (TESE) / Testicular aspiration techniques (TEFNA) / Other.

Assisted Reproductive Technology Benefit

Drug Costs Reimbursement

If you have an approved ART service (HCPCS Code S4015) on file, you may be reimbursed up to \$5,000 for drug costs associated with an approved and completed IVF cycle. Reimbursement is issued directly to the member upon valid proof of payment. To request reimbursement, complete the *Self-Pay Dental and Medical Claim Form* available at www.pehp.org/forms.

Questions? Call the PEHP Pharmacy Department at 801-366-7551.

Preauthorization Process

The clinic is required to submit the attached Physician Verification Form before services are rendered and a procedure note documenting the use of a single embryo transfer.

*Participating Employers

State of Utah, Davis Tech, Dixie Tech, Heber Valley Railroad, MIDA, Mountainland Tech, Ogden-Weber Tech, Snow College, Tooele Tech, UFAIR, Uintah Basin Tech, URS/PEHP, USU-Eastern, Utah Communications Authority, Utah Housing Corp, Utah Inland Port Authority, Utah Safety Council, Utah State Fairpark, Utah Tech, and WSU

Questions?

Contact us via the secure Message Center when you log in to your PEHP account at www.pehp.org or call 801-366-7755.

Healthcare Facilities

In-network clinics in Utah that perform ART:

Clinic	Location
Utah Fertility Center	Midvale, Ogden, Pleasant Grove, St. George
Reproductive Care Center	Sandy, Clearfield, Pleasant Grove
Conceptions Fertility Center	Provo



Assisted Reproductive Technology (ART)



Benefit Overview

State Risk Pool Only

Benefit Information

Effective July 1, 2025, eligible PEHP members* will no longer have a \$4,000 limit on Assisted Reproductive Technology (ART) services, including In Vitro Fertilization (IVF). These services will be covered as part of your regular medical plan benefits. Check your Benefits Summary. Preauthorization is required.

Eligibility

- » Must be a PEHP member enrolled in a PEHP medical plan that lists ART as a covered benefit.
- » Age restrictions apply:
 - Limited to those under age 46
 - When oocytes are sourced from another woman, donor must be under 36.
 - Limited to those under the age of 40 when own oocytes are used.
- » Surrogates are not eligible.
- » Donor charges are not eligible; however, once an embryo is created, the qualifying ART procedure becomes eligible.

ART Qualifying Procedures

The following ART procedures qualify for the reimbursement benefit but are limited to single embryo/gamete/zygote transfers:

- » In Vitro Fertilization (IVF) – may include intracytoplasmic sperm injection (ICSI), frozen embryo transfer (FET).
- » Gamete intrafallopian transfer (GIFT) - criteria must be met.
- » Zygote intrafallopian transfer (ZIFT)/ Tubal embryo transfer (TET) / Pronuclear stage tubal embryo transfer (PROUST) – criteria must be met.
- » Specialized sperm retrieval (i.e., Microsurgical epididymal sperm aspiration (MESA) / Percutaneous Epididymal Sperm Aspiration (PESA) / Testicular sperm aspiration (TESA) / Testicular sperm extraction (TESE) / Testicular aspiration techniques (TEFNA) / Other.

Prior Authorization Process

The clinic is required to submit the attached Physician verification form before services are rendered and procedure note documenting the use of a single embryo transfer.

Healthcare Facilities

For your convenience, the following in-network clinics in Utah perform ART:

CLINIC	LOCATION
Utah Center for Reproductive Medicine	University of Utah in Salt Lake City
Utah Fertility Center	Midvale, Ogden, Pleasant Grove, St. George
Reproductive Care Center	Sandy, Clearfield, Pleasant Grove
Conceptions Fertility Center	Provo

Participating employers: State of Utah, Davis Tech, Dixie Tech, Heber Valley Railroad, MIDA, Mountainland Tech, Ogden-Weber Tech, Snow College, Tooele Tech, UFAIR, Uintah Basin Tech, URS/PEHP, USU-Eastern, Utah Communications Authority, Utah Housing Corp, Utah Inland Port Authority, Utah Safety Council, Utah State Fairpark, Utah Tech, and WSU.

Questions? Contact us via the secure Message Center when you login to your PEHP account at www.pehp.org or call (801) 366-7755.



ASSISTED REPRODUCTIVE TECHNOLOGY (ART) BENEFIT

STATE RISK POOL ONLY

PHYSICIAN VERIFICATION

Instructions: FAX completed form to PEHP Clinical Services at 801-366-7449 (FAX)
or mail to: 560 East 200 South Salt Lake City, UT 84102

Submit this form BEFORE SERVICES ARE RENDERED for single embryo/gamete/zygote transfer is performed.
Attach the procedure note documenting a single embryo transfer was used.

For benefit questions, please call 801-366-7755 or 800-753-7754.

Section I: PATIENT INFORMATION

PEHP Subscriber Name: _____ Subscriber DOB: _____
(Last name, First, Middle)

PEHP Subscriber #: _____ Spouse Name: _____ Spouse DOB: _____

Address: _____ Phone: _____

To be Completed by Physician

Section II: PHYSICIAN / PROVIDER INFORMATION

Date of Verification: _____ Physician Name: _____

Facility Name and Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Service Provider Address: _____

Section III: PROVIDER VERIFICATION

Is there a demonstrated condition recognized by a physician as a cause of infertility that has either failed more traditional infertility treatments or is not a candidate for more traditional infertility treatments?

PEHP Subscriber Name: _____ YES NO (Circle one)

Diagnosis/ICD-10 Code: _____

Spouse Name: _____ YES NO (Circle one)

Diagnosis/ICD-10 Code: _____

Date of Service: _____

ART Procedure: (check all that apply)

- IVF (may include ICSI, FET) ZIFT / TET / PROUST
 GIFT CPT/HCPCS code
 Specilized sperm retrieval
*(i.e., MESA / PESA / TESA /
TESE / TEFNA / Oher)*

Procedure Codes:

