

FCPS FAQs: Infertility Services

WIN Fertility will remain as the administrator for fertility treatment and benefits. WIN Fertility is partnering with **CareFirst BlueCross BlueShield, our new health benefits claims administrator** to cover Artificial Insemination and In Vitro Fertilization treatment.

Q: Is prior authorization required for the evaluation of infertility services, confirmation of an infertility diagnosis, and treatment?

A: Prior authorization is not required for initial evaluation by a provider or for confirmation of a diagnosis, however, it is required for covered fertility services as outlined in the benefit.

Members are required to enroll, and services must be preauthorized at least two weeks prior to the initiation of hormone treatment services by calling WIN Medical Management Program, at 1-866-898-1522 or visit **<https://managed.winfertility.com/fcps/>**

Q: What happens if an employee or covered dependent is currently undergoing treatment with a Reproductive Endocrinology provider under Cigna coverage?

A: Employees and their eligible dependents who are enrolled in a Fairfax County Public Schools Medical Plan administered by Cigna will have their fertility benefit coverage continue. Members information will be updated in the CareFirst system effective January 1, 2026. WIN Fertility will continue to provide fertility advocacy and support to members. **New members must enroll in CareFirst Blue Choice Advantage, medical plan and services must be preauthorized.**

Q: Will the Fertility Lifetime Maximum be reset for 2026?

A: No, the Fertility Lifetime Maximum will not be reset for 2026. Any prior benefit usage will be applied toward the remaining (LTM) under the CareFirst health plan.

Q: What fertility medical services are included in the \$50,000 Lifetime Maximum Benefit?

A: Timed Intercourse (TI) AND Intrauterine Insemination (IUI) cycles:

- Natural Cycles

- Oral ovulation induction
- Gonadotropin or menotropin induction
- (e.g. FSH/ IUI cycles)

** “Cycle” is defined as ovarian stimulation with oocyte retrieval, fertilization of oocyte, followed by a subsequent single embryo transfer. Embryo transfer may utilize a fresh or frozen embryo. **

Q: What prescriptions are covered in the separate \$50,00 Lifetime Maximum Benefit for Fertility Prescriptions?

A: Covered fertility medications include:

- Oral ovulation induction – stimulation with oral agents (e.g. clomiphene citrate, letrozole)
- Gonadotropin or menotropin ovulation induction – stimulation with injectable agents (e.g. Follistim, Gonal-f, Menopur) covered only when either of the following criteria is met:
 1. Member has diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism
 2. Member has not ovulated or conceived after prior trial of 3 cycles of oral medication (clomiphene citrate or letrozole).

Q: Are Artificial Insemination (AI) and In Vitro Fertilization (IVF) covered in a facility or professional settings?

A: Yes, AI and IVF are covered facility services when applicable plan deductibles, copays and coinsurance will apply. Contact WIN for assistance in locating an In-Network Providers to maximize your benefit.

Q: Are infertility services such as diagnostic laboratory tests & treatment covered?

A: Yes, for employees and their eligible dependents enrolled in a Fairfax County Public Schools medical plan, infertility-related diagnostic tests and treatment services are

covered, infertility-related diagnostic tests and treatment services are covered the same as Inpatient/Outpatient Hospital/Facility/Practitioner/Office Visits. The deductible and copay apply.

Test to confirm a diagnosis or treat and underlying medical condition may be covered under the medical plan. Lab test as a part of an approved fertility cycle is covered under the fertility benefit and subject to the LTM. In both scenarios, member cost sharing does apply.

Q: Are Assisted Reproductive Technologies (ART) cycles and procedures covered for Cryopreservation of blastocysts, embryo(s) from IVF, or Oocyte Thaw Cycles (OTC) for up to one year (oocytes and sperm)?

A: Yes, ART cycles and procedures are covered for Cryopreservation of blastocysts, embryo(s) from IVF, Oocyte Thaw Cycles (OTC), or sperm for fertility preservation or retrieval procedures and services.

Please refer to CareFirst Fertility Preservation Services Limitations:

CareFirst Preservation Service Limitations is for Cryopreservation of blastocysts(s) and embryo(s) from covered IVF or Oocyte Thaw Cycles (OTC) with storage for up to one (1) year. Cryopreservation of oocytes and sperm with one year of storage when an infertility condition is imminent.

Covered Services

Fertility Benefit Specifications

Cryopreservation (freezing) of embryos (blastocysts) from an approved IVF, OTC or medical fertility preservation cycle is covered and includes one year of storage. Elective fertility preservation is not covered.

Fertility medications necessary to the provision below. Including parenteral injection, are included for infertility treatment while the employee is employed by FCPS, are subject to a separate \$50k LTM.

In-Vitro Fertilization and Cryopreservation, and Storage of embryos.

Employees or their eligible dependent(s) are required to freeze and store their embryos. The biopsy for genetic testing of the embryo results can take several weeks, this the

embryo must be cryopreserved and stored. Embryo biopsy and testing covered and administered per CareFirst's clinical guidelines

Eggs and Sperm Fertility Preservation

If an employee or their eligible dependent is undergoing medical treatment that may render them infertile (chemotherapy), the provider must recommend the employee or their eligible dependent complete medical preservation of their egg/ sperm and store their genetic material.

Frozen embryos (euploid frozen embryos, if Pre-implantation genetic testing (PGT-A) was performed) stored after a completed cycle with ovarian stimulation should be utilized prior to coverage availability for another ovarian stimulation cycle for In-Vitro Fertilization. Unless coverage is deemed medically necessary fertility preservation cycle, when clinically appropriate.

Timed Intercourse (TI) and Intrauterine Insemination (IUI) cycles:

- Natural cycles, oral ovulation induction, such as stimulations with oral agents (e.g. clomiphene citrate, letrozole) are covered.
- Gonadotropin or menotropin ovulation inductions (e.g. FSH/IUI cycles) with stimulation injectable agents (e.g. Follistim, Gonal-f, Menopur) are only covered when the following criteria is met:
 - (a.) Employee has a diagnosis of hypogonadotropic anovulatory disorders or hypopituitarism
 - (b.) Employee has not ovulated or conceived after prior trial of 3 cycles of oral medication (e.g. clomiphene citrate, letrozole) are covered.

Assisted Reproductive Technologies (ART) cycles and procedures:

- In-Vitro Fertilization (IVF) INCLUDING Intracytoplasmic Sperm Injection (ICSI)
- Gamete Intrafallopian Transfer (GIFT)
- Zygote Intrafallopian Transfer (ZIFT)
- Oocyte Thaw Cycles (OTC)
- Assisted Hatching
- Cryopreservation of oocytes and sperm up for one year of storage when an infertility condition is imminent
- Cryopreservation of blastocysts(s) and embryo(s) from covered IVF or Oocyte Thaw Cycles (OTC) with storage up to one year
- Embryo Biopsy for Preimplantation Genetic Testing (PGT) as directed by Care First Blue Choice Advantage's medical policy, and following indications:

(a.) Recurrent Pregnancy Loss (two or more unexplained clinical pregnancy losses) or previously diagnosed aneuploid pregnancies or births

(b.) Recurrent implantation failure (three or more failed embryo transfers)

- Frozen Embryo Transfer (FET) cycles.

Pathology and Laboratory services, including but not limited to:

- Hormonal assays
- Semen analysis, as appropriate
- Ultrasound exams
- Fertilization and appropriate embryology services
- Ova identification
- Embryo transfer

Exclusions (Non- Covered Services)

- Related medical and non-medical donor expenses (donated oocytes or sperm, including travel expenses, agency, laboratory and donor fees, psychological screening)
- FDA testing for donor and partner, genetic screening
- Reversal of sterilization procedure
Elective sterilization procedure, unless employee(s) undergo a successful reversal; Or WIN's consulting medical director determines that the reversal of the elective sterilization procedure is not medically indicated or will not improve the likelihood of conception due to multifactorial causes of infertility. Reversal of a sterilization procedure is not covered.
- Experimental or Investigational- medical and surgical procedures, unless such denial is overturned by an External Appeal Agent.
- Services that are not medically appropriate
- Cost share for other non-fertility services covered under Care First Blue Choice plan benefit are excluded.