

Embryo Transfer

Description	Embryo transfer is the transferring of a fertilized egg into the uterus. Done in conjunction with In Vitro Fertilization (IVF) .				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Artificial Insemination - Mechanical placement of semen containing viable (live) sperm into the vagina or uterus.Donor Semen - Sperm donation is a procedure in which a man donates semen, the fluid containing sperm that is released during ejaculation, to help an individual or a couple, conceive a baby.Gamete Intrafallopian Transfer (GIFT) - Infertility procedure where the sperm and egg are united outside the body and then transferred back into the fallopian tube, where fertilization occurs.In Vitro Fertilization (IVF) - An infertility procedure where the sperm and egg are fertilized outside the body, then inserted back into the uterus.Intracytoplasmed Sperm Injections (ICSI) - Injection of one sperm into an egg to achieve fertilization.Ovum Harvest - Procedure performed to remove eggs (ova) from the ovaries.Surrogate Pregnancy - Surrogacy is when someone becomes pregnant with their own egg and the sperm of another or is impregnated with the fertilized egg and sperm of others and carries that baby to term.Zygote Intrafallopian Transfer (ZIFT) - An infertility procedure where the sperm and egg are fertilized outside the body and then inserted back into the fallopian tube.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.9.24</td><td>Refreshed due to age. Updated to new template.</td></tr></table>	Date	Description	4.9.24	Refreshed due to age. Updated to new template.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).								
Dean (DHP, Prevea360)	Quote benefits from the <i>Infertility Services</i> section.								
Mayo Medical Plan (MMP)	Quote benefits from <i>Infertility Diagnosis, Fertility Treatment and Assisted Reproductive Technology</i> section.								
Medica (including MHPS)	<p>Fertility: Quote fertility benefits.</p> <ul style="list-style-type: none">• Exclusions: Services for fertility treatment may not be covered. Check for <i>Fertility</i> or <i>Fertility Diagnosis</i>. See the table below. <table><tr><th>Section name</th><th>Coverage</th></tr><tr><td>Fertility</td><td><ul style="list-style-type: none">• Plan covers diagnosis AND treatment of fertility.• Quote benefits from this section.</td></tr><tr><td>Fertility Diagnosis</td><td><ul style="list-style-type: none">• Plan covers diagnosis of fertility, but NOT treatment.• For diagnosis ONLY, quote from this section.• For treatment, not covered.</td></tr><tr><td>Neither</td><td><ul style="list-style-type: none">• Check for exclusions of fertility services.</td></tr></table>	Section name	Coverage	Fertility	<ul style="list-style-type: none">• Plan covers diagnosis AND treatment of fertility.• Quote benefits from this section.	Fertility Diagnosis	<ul style="list-style-type: none">• Plan covers diagnosis of fertility, but NOT treatment.• For diagnosis ONLY, quote from this section.• For treatment, not covered.	Neither	<ul style="list-style-type: none">• Check for exclusions of fertility services.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Not covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Not covered.</p> <ul style="list-style-type: none">• Medica is the only payer.				
Cost (Prime)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.				
Med Advantage	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	Not covered. Services that include artificial ways to become pregnant are not covered.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Illinois: Quote benefits from the <i>Infertility Services</i> section.</p> <p>All others: Plans cover the diagnosis of infertility. Not all plans cover the treatment of infertility.</p>				
Medica	<p>Quote benefits from the <i>Infertility Services</i> section – see both the Policy of Coverage and the Benefit Chart.</p> <ul style="list-style-type: none">• All plans cover the diagnosis of infertility. Not all plans cover the treatment of infertility.				
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