

## Cryopreservation

Also known as	<ul style="list-style-type: none"><li>Cryopreservation for IVF</li><li>Embryo freezing</li><li>Egg freezing</li><li>Ova freezing</li><li>Sperm freezing</li></ul>				
Description	<p>Cryopreservation uses sub-zero temperatures to freeze eggs, sperm, or embryos for future use. At the time of freezing, all biological activity is suspended until the cells are thawed.</p> <p>The cells (eggs, sperm, or embryos) are later thawed when needed for fertility treatments.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none"><li><a href="#">Quoting Fertility Benefits</a> - There are multiple items and resources that you need to check to quote comprehensive fertility (infertility) benefits.</li></ul>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>				
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>9.1.24</td><td>New A-Z sheet.</td></tr></table>	Date	Description	9.1.24	New A-Z sheet.
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9.1.24	New A-Z sheet.				

Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.						
Dean (DHP, Prevea360)	<p>Coverage depends on the plan.</p> <ul style="list-style-type: none"><li>• <b>Fully insured:</b> Not covered; contract exclusion.</li><li>• <b>Self insured:</b> Excluded on most plans. Check plan for coverage or exclusion.</li></ul>						
Mayo Medical Plan (MMP)	<p>Coverage depends on the date of service (DOS).</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 1.1.24</td><td><ul style="list-style-type: none"><li>• Not covered; contract exclusion.</li></ul></td></tr><tr><td>After 1.1.24</td><td><ul style="list-style-type: none"><li>• Quote infertility benefits, including any benefit limits.</li><li>• <b>Note:</b> There are no INN Cryopreservation facilities.<ul style="list-style-type: none"><li>– Claims will process under Tier 1 benefits at the full billed rate.</li></ul></li></ul></td></tr></table>	DOS	Coverage	Prior to 1.1.24	<ul style="list-style-type: none"><li>• Not covered; contract exclusion.</li></ul>	After 1.1.24	<ul style="list-style-type: none"><li>• Quote infertility benefits, including any benefit limits.</li><li>• <b>Note:</b> There are no INN Cryopreservation facilities.<ul style="list-style-type: none"><li>– Claims will process under Tier 1 benefits at the full billed rate.</li></ul></li></ul>
DOS	Coverage						
Prior to 1.1.24	<ul style="list-style-type: none"><li>• Not covered; contract exclusion.</li></ul>						
After 1.1.24	<ul style="list-style-type: none"><li>• Quote infertility benefits, including any benefit limits.</li><li>• <b>Note:</b> There are no INN Cryopreservation facilities.<ul style="list-style-type: none"><li>– Claims will process under Tier 1 benefits at the full billed rate.</li></ul></li></ul>						
Medica (including MHPS)	<p>Coverage depends on the plan.</p> <ul style="list-style-type: none"><li>• <b>Fully insured:</b> Not covered; contract exclusion.</li><li>• <b>Self insured:</b> Excluded on most plans. Check plan for coverage or exclusion.</li></ul>						
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>9.5.24</td><td><i>Mayo Medical Plan (MMP)</i> – Removed member must submit claims.</td></tr><tr><td>9.1.24</td><td>New A-Z sheet.</td></tr></table>	Date	Description	9.5.24	<i>Mayo Medical Plan (MMP)</i> – Removed member must submit claims.	9.1.24	New A-Z sheet.
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9.1.24	New A-Z sheet.						

Government Programs

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

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.				
Dean (DHP, Medica formerly WellFirst, Prevea360)	Not covered; contract exclusion.				
Medica	Not covered; contract exclusion.				
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