



### Summary Material Modification

## **Savannah River Nuclear Solutions, LLC, Welfare Benefits Plan General ERISA Information and Wrap Summary Plan Description. Modification to the Component Summary Plan Descriptions (SPD) for the SRNS Active Medical Plan, Plan Number 525**

*Effective January 1, 2022*

A revised 2022 Benefits at a Glance Chart has been included for easy reference.

Effective January 1, 2022, the following changes will be made to the Savannah River Nuclear Solutions, LLC (SRNS) Active Medical Plan.

### **Fertility Services:**

- Fertility Services: Employees and their spouses who are covered under the SRNS Health Plan are eligible for Fertility Services for a combined Medical & Pharmacy Lifetime Maximum of \$25,000.
- Fertility coverage is an inclusive benefit and does not require a diagnosis of 'infertility' for access.
- Both the Standard and Basic Plans include fertility services: the applicable plan deductible, co-insurance and out-of-network provisions apply (see examples below).

#### **1. Service Considerations:**

- Therapeutic services for inclusion in the fertility coverage: are for the treatment of Fertility when provided by or under the direction of a Physician. Benefits under this section are limited to the following procedures:
  - a. Assisted Reproductive Technologies (ART), including Reciprocal Fertility Services.
  - b. Frozen Embryo Transfer cycle including the associated cryopreservation and storage of embryos.
  - c. ICSI - (intracytoplasmic sperm injection).
  - d. Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI)).
  - e. Embryo transportation related network disruption.
  - f. Ovulation induction (or controlled ovarian stimulation).
  - g. Testicular Sperm Aspiration/Microsurgical Epididymal Sperm Aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm.
  - h. Surgical Procedures: Laparoscopy, Lysis of adhesions, tubotubal anastomosis, fimbrioplasty, salpingostomy, transcervical catheterization, cystoplasty, metroplasty.
  - i. Electroejaculation.
  - j. Pre-implantation Genetic Diagnosis (PGD) - when the genetic parents carry a gene mutation to determine whether that mutation has been transmitted to the embryo.

#### **2. Enhanced Benefit Coverage**

- a. **Embryo biopsy for Pre-implantation Genetic Testing for Aneuploidy (PGT-A)** used to select embryos for transfer in order to increase the chance for conception.

- b. **Fertility Preservation for Medical Reasons** - when planned cancer or other medical treatment is likely to produce Infertility/sterility. Coverage is limited to: collection of sperm, cryopreservation of sperm, ovarian stimulation and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are not covered.
  - Cryopreservation: Cryopreservation is the process of freezing reproductive materials. Cryopreservation is covered **only when/or**:
    - Undergoing fertility treatment in the FBB process stated with in this section. For item b above, **coverage is limited to 12 months of storage.**
- c. Reciprocal Fertility Services (IVF) is inclusive of the Fertility Benefit.

### 3. Additional Benefit considerations

- a. Any combination of Medical and Pharmacy, Network Benefits and Non-Network Benefits are limited to \$25,000 per Covered Person during the entire period of time he or she is enrolled for coverage under the SRNS Health Plan.
- b. Medical and Pharmacy for treatment of infertility are subject to deductible, coinsurance, and copayment under both the Basic Plan and the Standard Plan. Your share of the expenses (deductible, coinsurance and copayments) applies toward your Out-of-Pocket Maximum.
  - For more information, call the BlueCross number on the back of your ID card, 1-800-325-6596.
- c. Please note that when you become pregnant, you are encouraged to enroll in the Maternity Lifestyle Health Coaching program.

### 4. Exclusions:

- a. Diagnosis or treatment of infertility for a subscriber or a spouse if either member has had a tubal ligation or vasectomy.
- b. A covered child's infertility treatment, pregnancy or complications from pregnancy or childbirth.
- c. Payment for medical services or supplies rendered to a surrogate for purposes of childbirth

### 5. Example Scenarios:

- a. Employee is enrolled in Employee Only coverage under the Basic Plan and has \$12,000 in applicable fertility claims (allowed amounts) in 2022 (\$10,000 in medical, \$2,000 in Rx (3 generic Rxs totaling \$500 and 3 preferred brand Rxs totaling \$1,500)

Basic Plan – EE only coverage - assume claims are processed in this order

- Deductible
  - Member is responsible for \$1,450 deductible; \$1,450 applies to the OOPM (assumes medical claim is processed first)
- After deductible is met, member is responsible for the following:
  - Medical:
    - EE: \$1,710 (20% coinsurance), ER: \$6,840 (80% coinsurance)
  - Generic Rxs (3)
    - EE: \$30 in copays, ER: \$470
  - Preferred Brand Rxs (3)
    - EE: \$105 (20% coinsurance, max copay \$35/script), ER: \$1,395 (80% coinsurance)
  - \$1,845 of EE copays/coinsurance applies to OOPM
- Total Employee Costs: \$3,295
- Fertility Lifetime Max: \$8,705 of the \$25,000 lifetime benefit was used; \$16,295 of lifetime benefit remaining

- Employee has met \$3,295 of the 2022 Out-of-Pocket Maximum.
- b. Employee is enrolled in family coverage under the Standard Plan and has \$34,000 in applicable fertility claims (allowed amounts) in 2022 (\$27,000 in medical, (3 specialist office visits totaling \$900 and the remaining services subject to coinsurance), \$7,000 in Rx (5 generic scripts totaling \$2,500 and 5 preferred brand totaling \$4,500)

Standard Plan – Family coverage – assume claims are processed in this order

- Deductible
  - Assumes member has already met \$600 individual deductible
- Since deductible is met, member is responsible for the following:
  - Medical office visits (\$900 total):
    - EE: \$90 in copays (3 specialist visits), ER: \$810
  - Medical outpatient services (\$26,100 total)
    - EE: \$1,310 (15% coinsurance), ER: \$24,190, Not covered: \$600 (EE responsible - \$25,000 maximum met)
  - Generic Rx's (3 totaling \$2,500)
    - EE: \$2,500 (\$25,000 maximum met), ER: \$0
  - Preferred Brand Rx's (3 totaling \$4,500)
    - EE: \$4,500 (\$25,000 maximum met), ER: \$0
  - \$1,400 of EE copays/coinsurance applies to Employee OOPM
- Total Member Costs: \$9,000 (including services incurred after the lifetime benefit maximum is met)
- Fertility Lifetime Max: \$25,000 lifetime benefit was used; \$0 of lifetime benefit remaining
- Member has met their individual out of pocket maximum. Any non-fertility related benefits will be 100% covered by the plan.

### **For More Information**

If you have questions concerning the information or your coverage rights, please refer to the Summary Plan Description or contact the SRNS Plan Administrator.

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