



## Citi Family Planning Benefits (2022)- Frequently Asked Questions

If you have additional questions, please call the Citi Health Concierge at **1 (800) 545-5862** (Aetna) or **1 (855) 593-8123** (Anthem). Please see the Citigroup Health Benefit Plan (the “Plan”) in Citi Benefits Handbook for a full description of Citi Family Planning Benefits.

### Fertility Treatment

<p>1. Which health plan (Aetna/Anthem) is most advantageous for fertility/family planning as Citi members choose their health plans?</p>	<ul style="list-style-type: none"> <li>• The fertility plan design and coverage is the same for both plans</li> <li>• If you enroll with Anthem, you will receive access to WINFertility which provides ongoing education and guidance throughout the fertility process</li> <li>• If you enroll with Aetna, you will have access to Aetna’s Infertility Unit as a resource for questions that come up throughout this process</li> </ul>
<p>2. What is the lifetime fertility maximum?</p>	<ul style="list-style-type: none"> <li>• \$24,000 for medical services</li> <li>• \$7,500 for prescription drug costs</li> <li>• The lifetime fertility maximum is per person. If there are multiple individuals in a family that require fertility services, each individual is subject to a separate lifetime maximum</li> </ul>
<p>3. What does and does not count towards the lifetime fertility maximum?</p>	<ul style="list-style-type: none"> <li>• Expenses for elective cryopreservation, comprehensive fertility services, and advanced reproductive technology. Please see Q&amp;A 6 for more information on specific covered services</li> <li>• Prescription drug expenses associated with infertility treatment and elective cryopreservation are covered up to the prescription drug lifetime maximum</li> <li>• Expenses for diagnosis and treatment of any underlying medical conditions do not count toward the medical or prescription drug lifetime maximum</li> </ul>
<p>4. If I anticipate needing fertility treatment, what is my first step?</p>	<ul style="list-style-type: none"> <li>• Call your Citi Health Concierge and indicate that you need to pre-certify for fertility treatment</li> </ul>
<p>5. Are there any requirements needed to be eligible for fertility treatment?</p>	<ul style="list-style-type: none"> <li>• To be eligible for fertility benefits you must be a covered employee under a Citi medical plan or be covered as a spouse/partner/dependent under the Plan</li> <li>• Citi does not require you to provide documentation of an infertility diagnosis to receive treatment</li> </ul>
<p>6. Which services are covered under the fertility benefit?</p>	<ul style="list-style-type: none"> <li>• Basic infertility expenses:             <ul style="list-style-type: none"> <li>○ Covered expenses include charges made by a physician to diagnose and to surgically treat the underlying medical cause of infertility</li> <li>○ These expenses do not count toward the medical lifetime fertility maximum</li> </ul> </li> <li>• Comprehensive infertility services benefits:</li> </ul>

	<ul style="list-style-type: none"><li>○ Ovulation induction</li><li>○ Intrauterine insemination</li><li>• Advanced reproductive technology (ART) benefits:<ul style="list-style-type: none"><li>○ In vitro fertilization (IVF) cycles, including freeze-all cycle (fertilization and culture of embryo)</li><li>○ Reciprocal IVF cycles</li><li>○ Intrauterine embryo lavage</li><li>○ Embryo transfer</li><li>○ Elective single embryo transfer</li><li>○ Artificial insemination</li><li>○ Gamete intrafallopian tube transfer (GIFT)</li><li>○ Zygote intrafallopian tube transfer (ZIFT)</li><li>○ Low tubal ovum transfer</li><li>○ Assisted hatching</li><li>○ Pre-implantation genetic diagnosis (PGD) and screening (PGS), when it is medically necessary (subject to medical criteria)</li><li>○ Evaluation by a reproductive endocrinologist or infertility specialist, drug therapy, and intracytoplasmic sperm injection (ICSI)</li><li>○ Cryopreserved embryo transfers</li><li>○ Oocyte (Egg) thaw cycles</li><li>○ ART services for procedures that are covered expenses including charges associated with storage and procurement of partner's sperm for ART and Testis Biopsy, when the partner is also covered under the Plan</li><li>○ Sperm sourcing includes specialized sperm retrieval techniques (including vasal sperm aspiration, microsurgical epididymal sperm aspiration (MESA), percutaneous epididymal sperm aspiration (PESA), electroejaculation, testicular sperm aspiration (TESA), microsurgical testicular sperm extraction (TESE), seminal vesicle sperm aspiration and sperm recovery from bladder or urine for retrograde ejaculation are considered medically necessary to overcome anejaculation or azoospermia</li></ul></li><li>• Cryopreservation<ul style="list-style-type: none"><li>○ Medically Necessary: Cryopreservation of sperm, oocytes or embryos is considered medically necessary for members undergoing infertility due to chemotherapy, pelvic radiotherapy or other gonadotoxic therapies, with no storage time limitation when approved and covered under the Plan. Gonadotoxic treatments include</li></ul></li></ul>
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	<p>chemotherapy, radiation, conditions, and surgical resection (for treatment of disease or gender affirmation treatment)</p> <ul style="list-style-type: none"> <li>○ For IVF: All cryopreservation services are provided for members undergoing IVF</li> <li>○ Elective: Cryopreservation of oocytes (commonly referred to as egg freezing) when being done electively and not for medical reasons is covered (see question 9 for storage limitations)</li> </ul>
<p>7. Are pre-implementation genetic screening (PGS) and pre-implementation genetic diagnosis (PGD) covered?</p>	<ul style="list-style-type: none"> <li>● Yes, but they are subject to medical criteria. Please contact your Citi Health Concierge for details on if your situation qualifies</li> </ul>
<p>8. Does the Plan cover charges for storing cryopreserved embryos or eggs?</p>	<ul style="list-style-type: none"> <li>● The Plan covers charges for the storage of cryopreserved embryos or eggs for the first year. Storage of cryopreserved embryos or eggs after the first year is not covered unless medically necessary</li> <li>● Storage of sperm is not covered unless medically necessary</li> </ul>
<p>9. Does the Plan cover the cost for a Citi member to donate eggs or sperm?</p>	<ul style="list-style-type: none"> <li>● No</li> </ul>
<p>10. Does the Plan cover the cost associated with a Citi member who intends to be a surrogate for a non-covered person?</p>	<ul style="list-style-type: none"> <li>● No</li> </ul>
<p>11. Does the Plan cover the purchase and storage of a donor sperm or egg?</p>	<ul style="list-style-type: none"> <li>● No</li> </ul>
<p>12. If I am a male in a same-gender relationship, and my spouse/partner and I are starting a family via surrogacy, what services are covered under the Plan?</p>	<ul style="list-style-type: none"> <li>● The fertilization and culture of an embryo using a covered person’s sperm is covered</li> <li>● As noted above, the purchase of a donor egg and surrogacy costs are not covered</li> </ul>
<p>13. If I am a female in a same-gender relationship, and my spouse/partner and I are starting a family via fertility benefits, what services are covered under the Plan?</p>	<ul style="list-style-type: none"> <li>● Cryopreservation, comprehensive fertility services and advanced reproductive technology (ART) benefits are covered</li> <li>● As noted in Q&amp;A 11, the purchase and storage of donor sperm are not covered</li> </ul>

<p>14. If I am a gender non-binary person in a relationship with another gender non-binary person, and we are starting a family via surrogacy or through fertility treatments, what is covered under the medical plan?</p>	<ul style="list-style-type: none"> <li>• The fertilization and culture of an embryo using a covered person’s sperm is covered</li> <li>• The purchase of a donor egg and surrogacy costs are not covered</li> <li>• Cryopreservation, comprehensive fertility services, and advance reproductive technology (ART) benefits are covered</li> <li>• The purchase and storage of donor sperm are not covered</li> </ul>
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Adoption/Surrogacy

<p>15. Does Citi provide an adoption/surrogacy benefit?</p>	<ul style="list-style-type: none"> <li>• Citi offers an Adoption and Surrogacy Assistance Program</li> <li>• This program provides a benefit up to a lifetime maximum of \$30,000 per family to help reimburse certain expenses in the adoption of a child or a surrogacy parenting arrangement</li> </ul>
<p>16. What expenses are eligible for reimbursement?</p>	<ul style="list-style-type: none"> <li>• Eligible expenses include:             <ul style="list-style-type: none"> <li>○ Adoption agency and placement fees</li> <li>○ Adoption-related travel (including lodging)</li> <li>○ Legal and court fees associated with the adoption or surrogacy</li> <li>○ Temporary foster care expenses during the adoption process</li> <li>○ Medical expenses not otherwise covered by any medical plan associated with the adoption surrogacy</li> <li>○ Other expenses that are:                 <ul style="list-style-type: none"> <li>▪ Directly related to, and the principal purpose of which is for, the legal adoption of an Eligible Child by an eligible employee, or surrogacy; and</li> <li>▪ Not incurred in violation of federal, state, local or provincial law; and</li> <li>▪ Not reimbursed by another source (e.g., grants, another employer)</li> </ul> </li> </ul> </li> </ul>
<p>17. What expenses are ineligible for reimbursement?</p>	<ul style="list-style-type: none"> <li>• Ineligible expenses include:             <ul style="list-style-type: none"> <li>○ Medical examination fees for the adoptive parents</li> <li>○ Cost of personal items such as clothing and food for either parents or child</li> <li>○ Egg or sperm donation</li> <li>○ Embryo adoption</li> <li>○ Expenses incurred prior to eligibility under this Program</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Any expenses for which reimbursement or payment would violate federal, state, local or provincial law</li><li>○ Costs paid using funds received from any federal, state, local or provincial program;</li><li>○ Expenses already paid or reimbursed by another employer or party</li><li>○ Donations, legal guardianship expenses, or expenses related to the adoption of a stepchild or relative</li></ul>
<p>18. Where can I find additional information on this benefit?</p>	<ul style="list-style-type: none"><li>● Please refer to the Adoption and Surrogacy Assistance Program policy on Citi for You for additional information on program eligibility and how to submit a reimbursement request</li></ul>