

Plan Effective Dates

January 1, 2024 to December 31, 2024.

Plan Eligibility

If you are enrolled in the Lifelong Medical Care Kaiser or Sutter Health Plus HMO major medical plans, you are automatically enrolled in the Infertility Assistance Plan. If your start date is prior to the 16th of the month, you are eligible to participate in the Fertility Assistance Plan on the first of the month following your date of hire. If your start date is on or after the 16th of the month, you are eligible to participate in the Fertility Assistance Plan on the first day of the second month following your date of hire. Expenses incurred prior to your employment with Lifelong Medical Care are not eligible for reimbursement. You must be a regular full-time employee scheduled to work at least 20 hours per week to be eligible for coverage, and you must be scheduled to work at least 30 hours per week for your dependents to be eligible for coverage. Eligible dependents include the legal spouse or domestic partner of an eligible employee.

Maximum Annual Benefit

The maximum benefit payable under the Fertility Assistance Plan is \$3,000.00 per calendar year.

Fertility Expenses

The Fertility Assistance Plan provides reimbursement for eligible fertility-related expenses not payable by the existing Lifelong Medical Care Kaiser or Sutter Health Plus HMO group health plans or another group health plan. A diagnosis of infertility and a Letter of Medical Necessity signed by your provider must be provided for allowed [Section 213\(d\) Medical Expenses](#) to be paid to you through a Health Reimbursement Arrangement (HRA) Plan.

The IRS has established and maintains the comprehensive list of allowed [Section 213\(d\) Medical Expenses](#). Allowed medical expenses related to fertility may include but are not limited to:

- Infertility testing
- In-vitro fertilization (IVF)
- Intrauterine insemination (IUI)
- Intracytoplasmic sperm injection (ICSI)
- Pre-implantation genetic testing (PGT)
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Embryo transfer
- Hysterosalpingogram
- Hysteroscopy
- Laparoscopy
- Ovarian stimulation
- Semen analysis
- Testicular sperm aspiration or extraction
- Transvaginal ultrasound
- Fertility drugs
- Hormone treatments or medicines
- Operations to reverse a prior surgery that prevented the employee or spouse from having child
- Egg or sperm donor expenses for the employee or spouse to conceive
- Temporary cryopreservation*
**The IRS allows reimbursement for up to one year of cryopreservation fees for [temporary storage only](#)*

Cryopreservation Internal Revenue Service (IRS) Disclosure

The IRS only allows for temporary cryopreservation for the purpose of immediate conception and for storage of up to one-year in duration to be reimbursed as a medical expense. Long-term cryopreservation or storage for future conception is not reimbursable even with a medical diagnosis of infertility.

Marin Benefits Administrators

Mailing Address: 6366 Commerce Blvd #293, Rohnert Park, CA 94928

Email Support: support@marinbenefits.com

Customer Service: 415-526-1401

Website: marinbenefits.com

Tax Information

Reimbursements from the Fertility Assistance Plan for allowed IRS Section 213(d) Medical Expenses with a diagnosis of infertility and a Letter of Medical Necessity signed by your provider are provided through an HRA Plan for employees, their spouse and their domestic partners. Your spouse or domestic partner must be enrolled as a dependent with Kaiser or Sutter Health Plus through Lifelong Medical Care.

Tax implications of benefits received from the Fertility Assistance Plan may vary for non-tax dependent spouses and domestic partners; participants are advised to consult with a certified tax advisor with any questions regarding tax liabilities arising from reimbursements through this benefit.

Excluded Expenses

The Fertility Assistance Plan specifically excludes coverage for any services covered by the existing Kaiser or Sutter Health Plus group health plans or any other group health plan that may cover participants in this Plan. The Fertility Assistance Plan also excludes any treatments that are considered experimental by the American Society of Reproductive Medicine. Adoption expenses and surrogacy expenses not related to the employee or the employee's eligible dependent are not eligible for reimbursement under this Plan. Lifelong Medical Care reserves the right to terminate or modify this program at any time and for any reason.

Terminated Employees

Eligibility for Fertility Assistance Plan benefits terminates on the last day of the month in which employee ceases to be an eligible employee with Lifelong Medical Care. If your participation terminates, you will receive reimbursement for covered expenses incurred prior to your termination of participation if you apply for reimbursement within ninety (90) days of the date the charges were incurred.

How to Initiate the Reimbursement Process

Once you determine that you may be eligible for reimbursement, please contact Marin Benefits to initiate the claim process at **415-526-1401** or support@marinbenefits.com. You must obtain itemized documentation from your medical provider and submit this documentation along with a Claim Reimbursement Form to Marin Benefits for processing under the Fertility Assistance Plan. Reimbursement Forms are available online at marinbenefits.com. Claims must be filed within ninety (90) days of the end of the plan year to be eligible for reimbursement.

Questions?

If you have any questions regarding your Fertility Assistance Plan, please contact Marin Benefits at **415-526-1401** or email support@marinbenefits.com.