



Assisted reproductive services.

union
health

Thinking about in vitro fertilisation (IVF)? Here's how health insurance can provide peace of mind as you start along the IVF journey.

Costs – who covers what?

Some of the costs of IVF services are covered by Medicare and your private health insurance. However, there can also be significant additional costs, so it's important to understand what costs you'll be responsible for before going ahead.

What you may have to pay for

IVF treatment can include the following services that are not covered by health insurance:

- Consultations with your clinic and doctor
- Scans and ultrasounds
- Certain diagnostic procedures
- Pathology services
- Egg transportation, testing and freezing

What Medicare pays

Medicare covers the cost of IVF medical procedures that have a valid Medicare item number. The Medicare Benefits Schedule (MBS) sets the amount Medicare will pay towards the cost of each item. If you're charged more than the schedule fee, this is an 'out-of-pocket cost' for you to pay. Costs payable by you are capped by the [Medicare Safety Net](#) threshold.

What's covered by private health insurance?

The main surgical procedure in an IVF cycle is egg retrieval (also known as, oocyte pick-up [or OPU]). If assisted reproductive services are covered by your policy, we'll cover the cost of hospital accommodation and theatre fees associated with the egg retrieval when you're admitted into a contracted hospital as a private patient for the procedure. If your doctor advises you need to be admitted as an in-patient for the embryo transfer procedure, you'll be eligible for the same benefits.

Where you're formally admitted to a contracted hospital as a private patient, Union Health and Medicare will cover up to 100% of the Medicare Benefits Schedule (MBS) fee for services provided by the anaesthetist and treating doctor. You'll need to pay for any medical fees charged above the MBS fee, known as the 'gap fee'. Your doctor should provide written details of these fees before you agree to the service (this is called [Informed financial consent](#)).

Assisted reproductive services are available on the following Union Health policies:

- Top Hospital (Gold)
- Silver+ Family Hospital
- Gold Ultimate Choice (closed to new members)
- Gold Easy Choice (closed to new members)

What else does private health insurance cover?

If you have an extras policy that provides a pharmaceutical benefit, you may be able to claim a benefit towards the cost of fertility medications if:

- they are listed by Therapeutic Goods Administration (TGA) as a Schedule 4 or above medication and
- the cost of the medication is above the PBS limit of \$25 (we pay up to your policy limits on any amount over this limit).

Some IVF-related drugs are not covered by Medicare or the PBS, so make sure you ask your specialist or fertility clinic for details of these, the estimated costs and number of courses or prescriptions per cycle you are likely to need.

Is there a waiting period?

We apply a 12-month waiting period to assisted reproductive services. After you've completed 12-months of membership on your policy, you'll be eligible to receive the benefits that apply to IVF treatments.