

FAQs

Employee Reproductive Financial Support Program

SECTION 1: ELIGIBILITY

1. Who is eligible for this program?

Regular employees, spouses, and domestic partners are eligible under our Employee Reproductive Financial Support program. Contract employees and consultants are not eligible for this program.

2. I am a new hire. Is there a minimum period of service required before I can avail of the Employee Reproductive Support program?

No, there is no waiting period required. You can avail of this program immediately.

SECTION 2: PROGRAM DETAILS

3. How is Illumina helping our employees with Reproductive Health?

Illumina offers infertility (including IVF) and other reproductive genetic tests via our medical insurance coverage for employees in the US and financial support for employees outside the US:

- Covered benefits with group medical plan in US; and,
- Financial support payment in international locations and in US locations where insurance does not cover (excluding infertility/IVF treatment).

4. Do I have to use Illumina products to access financial support from the company?

No, the program does not require you to only use Illumina products. Your doctor can order the test that is available in your location. Please note, Illumina offers a Noninvasive Prenatal Test (NIPT) called the veriFi® Prenatal Test, which may be available to you.

5. I reside in the US. How do I order the NIPT?

If you are enrolled in the company group medical plan, the cost of NIPT will be covered by insurance subject to regular plan rules.

6. Does insurance cover NIPT for someone who is average risk?

If you are enrolled in an Aetna medical plan, NIPT is covered for average risk. However, through the Employee Reproductive Financial Support program, employees may receive up to \$400 for the test if insurance does not cover it.

7. I reside in the US. How do I order PGT?

PGT is covered by our group medical plan through our infertility program with Progyny. Coverage for these tests are subject to regular plan rules. If you are not enrolled in the company group medical plan, you may receive financial support from Illumina for this test.

8. I reside in a country outside of the US. How do I order PGT or NIPT?

If your doctor has recommended and referred you for a test that is not already covered under the national health insurance or private medical insurance and you would like to go ahead with the test, please ask your doctor to order the test, and complete the Reproductive Financial Support form. Return the completed form by submitting a ticket to [ServiceNow](#).

SECTION 3: COSTS/PAYMENT

9. Will my insurance pay for the costs of these tests?

The cost of some of these tests in the US may be covered through your medical insurance if you are enrolled in an Illumina group medical plan. If you are a non-US employee, or not covered under an Illumina group plan, your health insurance or national health service may not cover any of these tests; however, you may receive financial support from Illumina for each of these tests annually.

FAQs

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For summary of coverage and payment, please refer to the table below.

FOR US EMPLOYEES (Payment in USD and regular income taxes apply)

Procedure	 IVF	 PGT	 NIPT
Coverage ¹			
Aetna	Infertility benefits are administered by Aetna and bundled with the PPO medical benefit plans. Coverage will apply as follows: 90% in network, 70% non-network		90% in-network, 70% non-network; must be ordered by doctor; prior authorization is not required
Kaiser	This infertility benefit is administered by Aetna and bundled with the Kaiser and Quartz medical benefit plans. Co-insurance and/or co-payments will apply. Prior authorization is required.		100% in-network; must be ordered by doctor and medical criteria met (Kaiser Northern CA does not currently use Verifi Prenatal Test)
Quartz (WI)			Requires pre-authorization, and lab will determine which NIPT brand to use
Financial Support for Non-covered Services	Not applicable	Up to \$3,500 (1x per year)	Up to \$400 (1x per year)
Eligibility	Regular employees, spouses, and domestic partners		

FOR NON-US EMPLOYEES (Payment will be in local currency and subject to local taxes)

Procedure	 IVF	 PGT	 NIPT
Financial Support for Non-covered Services	As offered under national healthcare system	Up to \$3,500 (1x per year)	\$400 (1x per year)
Eligibility	Not applicable	Regular employees, spouses, and domestic partners	

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10. **In the US, can I use my Flexible Spending Account (FSA) or Health Savings Account (HSA) to pay for the tests?**
The cost of the tests may be covered under the FSA/HSA Account if the primary purpose of the test is for “diagnosis, cure, mitigation, treatment, or prevention of disease.” The expense must be primarily to alleviate or prevent a physical or mental defect or illness and not merely beneficial to general health. You may only use your FSA/HSA for your immediate family member (i.e., spouse).
11. **If my expense qualifies for FSA/HSA reimbursement, how do I submit the claim?**
You can [submit your claim online](#) using HealthEquity’s website or app on your phone. If you used your FSA/HSA debit card, you must keep the receipt and prescription from your doctor in case you are required by HealthEquity to provide proof.
12. **My group medical plan in the US covers the test (PGT or NIPT), but I have a deductible and coinsurance to pay. Can I submit this type of expense under this program?**
The intention of this program is to provide financial support where insurance coverage for reproductive testing is not available as a covered benefit; it is not intended to cover expenses associated with co-pays or co-insurance.
13. **Do I have to attach supporting documents when I submit my financial support form?**
You may be required to include supporting documents.

SECTION 4: PRIVACY

14. **How will Illumina protect confidentiality as well as my health information and the health information of my family member, including genetic information?**
Illumina takes patient privacy seriously. Illumina will maintain the health information in compliance with all applicable medical privacy laws, including HIPAA.

SECTION 5: MISCELLANEOUS

15. **Whom do I contact for more information about this program?**
Submit a ticket to [ServiceNow](#) for additional information. *Please do not include any personal health information details in any email regarding this service.*
16. **I am a manager, and one of my staff asked me for information and help about the Reproductive Health program. What should I do?**
Please have your staff contact the Benefits Administration team by submitting a ticket to [ServiceNow](#). *Please do not include any personal health information details in any email regarding this service.*
17. **What can I do with the results of my test?**
You and your doctor should discuss what kinds of results you might receive and how the results might be used before you order the test. The results may have very different implications or actionability depending on your case.
18. **Does my participation or the participation of my eligible family member in this program, or my use of any results related to that participation, modify or waive any of my obligations to Illumina under the Proprietary Information and Invention Agreement signed on or about the date I was hired?**
No, the Proprietary Information and Invention Agreement you entered into with Illumina at the beginning of your employment remains in force. Should you have any questions regarding the Proprietary Information and Invention Agreement, please consult with your HR representative.