**Section 2015.43 Donor Expenses**

a) The medical expenses of a donor for procedures utilized to retrieve oocytes or sperm, and the subsequent procedure used to transfer the oocytes or sperm to the covered recipient or to the surrogate shall be covered. Associated donor medical expenses, including but not limited to physical examination, laboratory screening, psychological screening, and prescription drugs, shall also be covered if established as prerequisites to donation by the insurer.

b) No group accident and health policy or health maintenance organization group contract that provides coverage as required by this Part shall exclude coverage for a known donor. In the event the insured or member does not have arrangements with a known donor, the health plan may require the use of a contracted facility. If the insured or member uses a known donor, the health plan may require the use of contracted providers by the donor for all medical treatment including, but not limited to, testing, prescription drug therapy and ART procedures, if benefits are contingent upon the use of such contracted providers.

c) If an oocyte donor is used, then the completed oocyte retrieval performed on the donor shall count against the insured or member as one completed oocyte retrieval under Section 2015.35(b).

(Source: Amended at 47 Ill. Reg. 143, effective December 20, 2022)