

Infertility Benefits

	Aetna	Anthem Blue Cross	Blue Shield	CaliforniaChoice	Cigna + Oscar
HMO	<p>All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium.</p> <p>Plans with additional Infertility include: <u>Infertility Treatment - Artificial Insemination or Ovulation Induction</u>: Coverage is limited to 6 courses of treatment for AI and 6 courses of treatment for OI per lifetime.</p> <p><u>Advanced Reproductive Technology</u>: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details. Coverage is limited to IVF for fertility preservation. GIFT is limited to 2 cycles per lifetime.</p>	<p>Diagnosis and treatment of underlying medical cause of Infertility is covered for all plans.</p> <p>Infertility Rider available. \$2,000 lifetime maximum for services (in- and out-of-network combined) for the following: Medications given in a doctor's office, Reconstructive Surgery, except for sterilization reversal, artificial insemination, supplies and appliances, IVF, GIFT, ZIFT. Separate \$1,500 lifetime maximum for drugs prescribed for treatment of infertility.</p>	<p>Offer HMO plans with and without Infertility.</p> <p>Plans with Infertility include: Six (6) natural (without ovum [egg] stimulation) artificial inseminations, three (3) stimulated (with ovum [egg] stimulation) artificial inseminations, one GIFT, cryopreservation is limited to one retrieval and one year of storage.</p> <p>EXCLUDES: Assisted Reproductive Technology and associated services related to ICSI, ZIFT, IVF and more.</p> <p>Services are not subject to any applicable deductible and do not count towards the Calendar Year Out-of-Pocket Maximum.</p>	<p><u>Anthem (2020)</u>: Covered for the diagnosis and treatment of the underlying medical conditions that cause infertility.</p> <p><u>Health Net, Kaiser, Sharp, Sutter, UnitedHealthcare, Western Health Advantage</u>: Not covered.</p>	N/A
EPO	N/A	Reference HMO Plans and Infertility Rider.	N/A	<p><u>Anthem EPO</u>: Reference CaliforniaChoice Anthem HMO plans.</p> <p><u>Oscar</u>: Covered for the diagnosis and evaluation only.</p>	<p>Offer EPO plans with and without infertility in Open and Local Access Plus.</p> <p>Plans with Infertility include: treatment for infertility including, but not limited to, diagnosis, diagnostic tests, medication, surgery, and GIFT 3 cycles per year). There is a life-time benefit of \$5,000 for covered infertility services</p>
PPO	Reference HMO Plans.	Reference HMO Plans and Infertility Rider.	Reference HMO Plans except: Services are not subject to the Calendar Year Medical Deductible and do not count towards the Calendar Year Out-of-Pocket Maximum.	<u>Anthem</u> : Reference CaliforniaChoice Anthem HMO plans.	N/A
HSA	Reference HMO Plans.	Reference HMO Plans and Infertility Rider.	Reference HMO Plans except: Services are subject to the Calendar Year Medical Deductible and do count towards the Calendar Year Out-of-Pocket Maximum.	<p><u>Anthem</u>: Reference CaliforniaChoice Anthem HMO plans.</p> <p><u>Kaiser, Sharp, Sutter, Oscar, UnitedHealthcare, Western Health Advantage</u>: Not covered.</p>	N/A

	Covered CA	Health Net	Kaiser	UnitedHealthcare
HMO	<p>All Covered CA plans are available with and without Infertility. For plans that include Infertility:</p> <p><u>Blue Shield</u>: Include Six (6) natural (without ovum [egg] stimulation) artificial inseminations, three (3) stimulated (with ovum [egg] stimulation) artificial inseminations, one GIFT, cryopreservation is limited to one retrieval and one year of storage.</p> <p>EXCLUDES: IVF, injectables for infertility, artificial insemination and GIFT.</p> <p><u>Kaiser</u>: Services for the diagnosis and treatment of infertility. Includes artificial insemination services and GIFT (one treatment cycle per lifetime).</p> <p>EXCLUDES: IVF, ZIFT, transfer of cryopreserved embryos.</p> <p><u>Sharp</u>: <i>PENDING</i>.</p>	<p>Offer HMO & HSP plans with and without Infertility. Plans with Infertility include: \$8,500 Lifetime benefit maximum for medical benefits, \$1,500 lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.</p> <p>EXCLUDES: ZIFT, IVF and intrafallopian transfers.</p> <p>Infertility benefits DO NOT apply to out-of-pocket maximum for HMO and HSP plans.</p>	<p>Infertility benefits can be added for an additional cost for 20+ groups AND Kaiser is the sole carrier.</p> <p>Covered services include: services for diagnosis and treatment of infertility, artificial insemination and GIFT (limited to one treatment per lifetime).</p> <p>EXCLUDES: All other services related to conception by artificial means and services to reverse voluntary, surgically induced infertility.</p> <p>Covered at 50% coinsurance with no annual maximum. Benefits are not subject to deductible and do not accrue to the out-of-pocket maximum, except for HDHPs.</p>	<p>Infertility is not a standard benefit. Groups need to elect infertility coverage. Pending complete details.</p>
EPO	<p><u>Oscar</u>: Include treatment for infertility including, but not limited to, diagnosis, diagnostic tests, medication, surgery, and GIFT. There is a lifetime benefit of \$5,000 for covered infertility services.</p>	N/A	N/A	<p>Reference HMO plans except for State Navigate plans. State Navigate plans include infertility coverage limited to \$2,000 per covered person per lifetime at the plan's coinsurance.</p>
PPO	<p><u>Blue Shield</u>: Reference Covered CA HMO Plans.</p> <p><u>Health Net</u>: Infertility treatment (limited to a lifetime limit of \$2,000. Infertility drugs are limited to a separate lifetime limit of \$2,000. In vitro fertilization & zygote intrafallopian transfer are not covered).</p> <p>EXCLUDES: IVF, ZIFT, or any other process that involves the harvesting, transplanting, or manipulating of human ovum. Collection, storage, or purchase of sperm or ova.</p>	<p>Offer PPO plans with and without Infertility. Plans with Infertility include: \$2,000 Lifetime benefit maximum for medical benefits, separate \$2,000 Lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.</p> <p>EXCLUDES: ZIFT, IVF and intrafallopian transfers. Infertility benefits do not apply to out-of-pocket maximum.</p>	<p>\$1,000 per year maximum for treatment of infertility, including GIFT.</p> <p>EXCLUDES: IVF.</p>	<p>Reference HMO plans for all plans.</p>
HSA	<p><u>Kaiser</u>: Reference Covered CA HMO Plans.</p> <p><u>Health Net</u>: Reference Covered CA PPO Plans.</p>	Reference PPO Plans.	<p>Reference HMO plans EXCEPT benefits are subject to any Medical deductible and accrue to out-of-pocket maximum.</p>	<p>HMO: Reference HMO Plans.</p> <p>PPO: Reference PPO Plans.</p>