

# Infertility Services

Groups Beginning 4/1/19

Covered Services that include diagnostic tests to find the cause of Infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency).

CARRIER	BRONZE	SILVER	GOLD		PLATINUM	
<b>ANTHEM BLUE CROSS HMO / EPO</b>						
	EPO A	HMO A	EPO A	EPO B	HMO A	HMO A
Infertility Services	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Infertility Drugs	No	No	No	No	No	No
IVF	No	No	No	No	No	No
GIFT	No	No	No	No	No	No
ZIFT	No	No	No	No	No	No
<small>*Evaluations Only (Office visit copay) Infertility Services: Covered Services include diagnostic tests to find the cause of Infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition.</small>						
<small>Important Note: Although this Plan offers limited coverage of certain Infertility services, it does not cover all forms of Infertility treatment. Benefits do not include assisted reproductive technologies (ART) or the diagnostic tests and Drugs to support it. Examples of ART include artificial insemination, in-vitro fertilization, zygote intrafallopian transfer (ZIFT), or gamete intrafallopian transfer (GIFT)</small>						

CARRIER	SILVER				GOLD							
<b>ANTHEM BLUE CROSS PPO</b>												
	PPO A		PPO B		PPO A		PPO B		PPO C		PPO D	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Infertility Services	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	No	No
IVF	No	No	No	No	No	No	No	No	No	No	No	No
GIFT	No	No	No	No	No	No	No	No	No	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No
<small>*Evaluations Only (Office visit copay) Infertility Services: Covered Services include diagnostic tests to find the cause of Infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition.</small>												
<small>Important Note: Although this Plan offers limited coverage of certain Infertility services, it does not cover all forms of Infertility treatment. Benefits do not include assisted reproductive technologies (ART) or the diagnostic tests and Drugs to support it. Examples of ART include artificial insemination, in-vitro fertilization, zygote intrafallopian transfer (ZIFT), or gamete intrafallopian transfer (GIFT).</small>												

CARRIER	BRONZE	SILVER	GOLD				PLATINUM					
<b>HEALTH NET HMO / HSP</b>												
	HSP A	HMO A	HMO B	HSP A	HMO A	HMO B	HMO C	HMO D	HMO E	HMO C	HMO D	HMO E
Infertility Services	Yes*	Yes*	No	Yes*	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Infertility Drugs	Yes*	Yes*	No	Yes*	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
IVF	No	No	No	No	No	No	No	No	No	No	No	No
GIFT	Yes*	Yes*	No	Yes*	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No
<small>*Limited to a lifetime benefit max of \$8,500 for infertility services and \$1,500 for infertility drugs.</small>												

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CARRIER	BRONZE		SILVER				GOLD		PLATINUM	
KAISER PERMANENTE										
	HMO A	HMO C	HMO A	HMO B	HMO C	HMO D	HMO A	HMO B	HMO A	HMO B
Infertility Services	No	No	No	No	No	No	No	No	No	No
Infertility Drugs	No	No	No	No	No	No	No	No	No	No
IVF	No	No	No	No	No	No	No	No	No	No
GIFT	No	No	No	No	No	No	No	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No

CARRIER	BRONZE		SILVER			GOLD				PLATINUM	
OSCAR											
	EPO A	EPO B	EPO A	EPO B	EPO C	EPO A	EPO B	EPO C	EPO D	EPO A	EPO B
Infertility Services	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	No
IVF	No	No	No	No	No	No	No	No	No	No	No
GIFT	No	No	No	No	No	No	No	No	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No

\*Basic infertility services (diagnosis) only for qualified members. See plan documents for additional details.

CARRIER	BRONZE		SILVER			GOLD			PLATINUM		
SHARP HEALTH PLAN											
	HMO A	HMO B	HMO A	HMO B	HMO C	HMO A	HMO B	HMO D	HMO A	HMO B	HMO C
Infertility Services	No	No	No	No	No	No	No	No	No	No	No
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	No
IVF	No	No	No	No	No	No	No	No	No	No	No
GIFT	No	No	No	No	No	No	No	No	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No

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CARRIER	BRONZE				SILVER			GOLD		PLATINUM	
SUTTER HEALTH PLUS											
	HMO A	HMO B	HMO B	HMO C	HMO A	HMO B	HMO A	HMO B	HMO A	HMO B	
Infertility Services	No	No	No	No	No	No	No	No	No	No	
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	
IVF	No	No	No	No	No	No	No	No	No	No	
GIFT	No	No	No	No	No	No	No	No	No	No	
ZIFT	No	No	No	No	No	No	No	No	No	No	

CARRIER	BRONZE		SILVER				GOLD				PLATINUM		
UNITEDHEALTHCARE													
	HMO B	HMO A	HMO B	HMO C	HMO D	HMO A	HMO B	HMO C	HMO D	HMO A	HMO B	HMO C	
Infertility Services	No	No	No	No	No	No	No	No	No	No	No	No	
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	No	No	
IVF	No	No	No	No	No	No	No	No	No	No	No	No	
GIFT	No	No	No	No	No	No	No	No	No	No	No	No	
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No	

CARRIER	BRONZE		SILVER				GOLD				PLATINUM	
WESTERN HEALTH ADVANTAGE												
	HMO B	HMO C	HMO A	HMO B	HMO C	HMO A	HMO B	HMO C	HMO D	HMO A	HMO B	
Infertility Services	No	No	No	No	No	No	No	No	No	No	No	
Infertility Drugs	No	No	No	No	No	No	No	No	No	No	No	
IVF	No	No	No	No	No	No	No	No	No	No	No	
GIFT	No	No	No	No	No	No	No	No	No	No	No	
ZIFT	No	No	No	No	No	No	No	No	No	No	No	

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Coverage), the EOC or COI applies.

# Frequently Asked Questions

- 1) [Is infertility evaluation and diagnosis covered on any of your benefit plans?](#)  
Yes. Anthem Blue Cross and Oscar offer basic infertility benefits on all plans. Health Net offers basic infertility benefits on some plans.
- 2) [Are infertility drugs covered on any of your benefit plans?](#)  
Yes, certain Health Net plans cover some infertility drugs.
- 3) [Is in vitro fertilization a covered benefit on any of your benefit plans?](#)  
No, in vitro fertilization is not a covered benefit on any CaliforniaChoice® plan.
- 4) [Do any of your benefit plans cover GIFT and/or ZIFT?](#)  
Yes, certain Health Net plans cover GIFT and/or ZIFT.
- 5) [Can I add infertility benefits to any of the CaliforniaChoice plans?](#)  
No, CaliforniaChoice does not offer the GROUP option to add infertility benefits.
- 6) [I am currently covered in another plan outside of CaliforniaChoice, but with a CaliforniaChoice carrier. I am currently in the middle of infertility treatment. Will that CaliforniaChoice plan continue to cover my treatment?](#)  
Anthem Blue Cross - No, transition of care is not allowed for non-covered services.  
Health Net - See plan specific EOC regarding continuity of care.  
Kaiser Permanente- No  
Oscar – See plan specific EOC regarding continuity of care.  
Sharp Health Plan - No  
Sutter Health Plus - No  
UnitedHealthcare - See plan specific EOC regarding continuity of care.  
Western Health Advantage - See plan specific EOC regarding continuity of care.
- 7) [Why is infertility covered on a carrier's direct plans but not through CaliforniaChoice?](#)  
Health plans in the direct market are required to offer Employer Groups the option to add infertility benefits to their coverage at an additional cost.
- 8) [Isn't infertility required to be offered on all small group health plans?](#)  
No, but Health plans in the direct market are required to offer Employer Groups the option to add infertility benefits to their coverage at an additional cost.
- 9) [Do any/all plans require pre-authorization if infertility is covered?](#)  
Your primary care physician will direct your treatment and any required pre-authorizations.

(Note: Refer to Infertility grids on pages 1-3)