Infertility Services

Groups Beginning 1.1.2026

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).

HEALTH PLAN	SILVER			GOLD			PLATINUM			
ANTHEM BLUE CROSS HMO										
	HMO A	HMO B	HMO D	HMO A	HMO B	HMO C	HMO A	HMO B	HMO C	HMO D
Infertility Services	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
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

*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.

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).

HEALTH PLAN	BRONZE				SILVER													
ANTHEM BLUE CROSS PPO																		
	PPO A		PPO B		PPO C		PPO D		PPO B		PPO C		PPO D		PPO E		PPO F	
	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	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*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Infertility Drugs	No	No	No	No	No	No	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	No	No	No	No	No	No
GIFT	No	No	No	No	No	No	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	No	No	No	No	No	No

HEALTH PLAN	GOLD						PLATINUM							
ANTHEM BLUE CROSS PPO														
	PPO B		PPO C		PPO D		PPO E		PPO H		PPO I		PPO B	
	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	In-Network	Out-of-Network
Infertility Services	Yes*	Yes*	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	No	No
IVF	No	No	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	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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IVF - In Vitro Fertilization GIFT - Gamete Intrafallopian Transfer ZIFT - Zygote Intrafallopian Transfer

Infertility Services

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).

HEALTH PLAN	SILVER	GOLD							PLATINUM						
HEALTH NET															
	HMO A	HMO A	HMO B	HMO C	HMO D	HMO E	HMO G	HMO H	HMO I	HMO C	HMO E	HMO F	HMO G	HMO H	HMO I	HMO J
Infertility Services	No	No	No	No	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	No	No	No	No
IVF	No	No	No	No	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	No	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

HEALTH PLAN	BRONZE	SILVER						GOLD					PLATINUM		
KAISER PERMANENTE															
	HMO A	HMO C	HMO A	HMO B	HMO C	HMO D	HMO E	HMO B	HMO C	HMO D	HMO E	HMO F	HMO A	HMO B	HMO C
Infertility Services	No	No	No	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	No	No	No
IVF	No	No	No	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	No	No	No
ZIFT	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

HEALTH PLAN	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

IVF - In Vitro Fertilization GIFT - Gamete Intrafallopian Transfer ZIFT - Zygote Intrafallopian Transfer

Infertility Services

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).

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

HEALTH PLAN	SILVER				GOLD												PLATINUM							
UNITEDHEALTHCARE																								
	HMO A	HMO E	HMO F	HMO G	HMO A	HMO B	HMO F	HMO G	HMO H	HMO J	HMO L	HMO M	HMO N	HMO O	HMO P	HMO Q	HMO A	HMO B	HMO C	HMO E	HMO G	HMO H	HMO I	HMO M	HMO N
Infertility Services	No	No	No	No	No	No	No	No	No	No	No	No	No	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	No	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	No	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	No	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	No	No	No	No	No	No	No	No	No	No	No	No	No

HEALTH PLAN	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	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

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.

IVF - In Vitro Fertilization GIFT - Gamete Intrafallopian Transfer ZIFT - Zygote Intrafallopian Transfer

Frequently Asked Questions

1) Is infertility evaluation and diagnosis covered on any of your benefit plans?
Yes. Anthem Blue Cross offers basic infertility benefits on all plans.

2) Are infertility drugs covered on any of your benefit plans?
No, infertility drugs are not a covered benefit on any CaliforniaChoice® plan.

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?
No, GIFT and/or ZIFT are not covered benefits on any CaliforniaChoice plan.

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 Health Plan. 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
Sharp Health Plan - No
Sutter Health Plan - 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 Health Plan'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)

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