



California Health Care IVF Coverage

UnitedHealthcare has expanded coverage for infertility treatment, including in vitro fertilization (IVF), for certain fully insured health plans in California.

Important Effective Date Distinction:

- CA-situs fully insured large group policies:
UnitedHealthcare has implemented coverage as a Benefit Standard for plans new or renewing on or after July 1, 2025
- Non-California situs policies covering California residents (extraterritorial application):
Coverage is required beginning January 1, 2026, consistent with SB 729
- Small Groups:
 - Effective January 1, 2026, fully insured small group plans in California, fertility benefits will be available for policies that are new or renewing only if the optional infertility rider is purchased.
 - California passed the SB 729 IVF Mandate expanding coverage for infertility treatment for certain Fully Insured plans in CA
 - Definition: An infertility rider (IVF rider) is an optional add-on to a health plan that provides coverage for infertility treatment, including in vitro fertilization (IVF), when that coverage is not automatically included in your base plan.
 - For California fully insured small group plans, IVF/infertility coverage is not automatically required the same way it is for large group plans.
 - Beginning January 1, 2026, small group plans may offer fertility benefits only if the employer purchases the optional infertility rider.
 - The rider essentially “adds” fertility/IVF benefits to the plan.
 - Without the rider, a small group plan may not include IVF coverage

The law ends the prior exclusion for IVF and requires:

- Fully insured LG health plans and disability insurance policies **must** provide coverage for infertility treatment, including IVF.
- Fully insured SG health plans and disability insurance policies may **offer** coverage for infertility treatment.
- Important exclusions: This mandate does not apply to Administrative Services Only (ASO) plans, specialized health plans, or plans sponsored by religious employers.
- The new law applies to fully insured plans and includes:
 - Infertility diagnosis and treatment, including IVF.
 - Large group fully insured plans must cover at least 3 completed oocyte retrievals; plans may set ≥3 as lifetime minimum per APL 25-021. In vitro fertilization for 3 attempts to procure semen/oocytes/embryos retrievals per lifetime and unlimited embryo transfers.
 - Unlimited embryo transfers in accordance with ASRM guidelines, using single embryo transfer when recommended and **medically appropriate**.
- Insurance contracts may not put more restrictive limitations (exclusions, limitations, deductibles, copays, benefit maximums, waiting periods or other restrictions) on fertility services, treatment, diagnosis, or medications that aren’t imposed on other services or prescriptions.

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- Prohibits discrimination in coverage for medical and disability plans including protections based on sexual orientation, gender identity, and marital status. Prohibits denying individuals fertility services involving sperm donors, egg donors or surrogates, insemination, including services provided by or to a third party. Surrogate coverage includes medically necessary pre-transfer testing only; post-transfer maternity care is not the enrollee plan's responsibility per APL 25-021.
- Large group fully insured plans may impose lifetime limits ≥ 3 retrieval attempts and ≥ 5 years cryopreservation; small group may not impose lifetime limits. However, there is a lifetime maximum to cover the expenses of up to three completed oocyte (egg) retrievals and unlimited embryo transfers based single embryo transfer and in accordance with ASRM guidelines. Future guidance could change this if coverage is determined to be Essential Health Benefits (EHB).
- According to guidance from the California Department of Managed Health Care, Cryopreservation is required: LG ≥ 5 years storage, SG (if purchased) ≥ 1 year; out-of-state vendors require CDPH license.

Note: The requirements in SB 729 do not impact the standard fertility preservation services coverage for iatrogenic infertility as required. Iatrogenic is covered under separate guidance and not related to SB 729.

Key Points for UHC approach

- Coverage for IVF aligns with the group's plan year, not calendar year.
- UnitedHealthcare's encourages members to use Fertility Solutions (Centers of Excellence (CoE)) to access infertility nurses, guidance, and a network of fertility Centers of Excellence. Whether through Fertility Solutions or UnitedHealthcare, several components are included for all: member services, clinical case management, and support; claim processing through UHC or COE; plan and provider medical management. Fertility Solutions can be reached by members calling (866) 774-4626.
- Infertility injectable medications, will be paid under the pharmacy benefit and will be subject to the applicable pharmacy benefit cost-sharing requirements. Oral medications are already processed under the pharmacy benefit.
- CalPERS is exempt until 2027.

How it Works

- Infertility benefits must be provided at same cost share as medical, including inpatient, office visits, lab, or radiology. Place of service is determinative. Deductible and out-of-pocket apply.
- For groups with an existing fertility rider, the large group members will move to the new amendment/rider or COC upon renewal.
- Delegated providers are required to provide a referral based on the member's benefit plan.
- Only medical services related to third-party services would be covered (e.g., procuring a donated oocyte, embryo transfer to the gestational carrier); additional service fees paid to surrogates or gestational carriers, or for biologic donor materials would not be covered.
- The provision does not extend coverage to individuals that are not enrolled in the health plan coverage, for example: maternity coverage.
- California's IVF mandate includes an extraterritorial component. Members must meet **all** of the following criteria:
 - **California resident**
 - Enrolled in a **fully insured large group** plan
 - Plan is **new or renewing on or after January 1, 2026**
- If the extraterritorial criteria are met, the member may qualify for coverage under California's IVF mandate even when the employer is headquartered outside California.

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- Brokers should direct members to contact Member Services, as eligibility determinations are member and plan-specific.
- Member Services will review residency status, plan funding, and renewal date to determine eligibility.
- If a member pre-qualifies Member Services will refer the member to Fertility Solutions who complete the evaluation, confirm medical criteria, and support the member throughout the process including care coordination.

How it Works

An infertility rider (IVF rider) is an optional add-on to a health insurance plan that provides coverage for infertility treatment, including in vitro fertilization (IVF), when that coverage is not automatically included in the base plan. In the context of the FAQ:

- For California fully insured small group plans, IVF/infertility coverage is not automatically required the same way it is for large group plans.
- Beginning January 1, 2026, small group plans may offer fertility benefits only if the employer purchases the optional infertility rider.
- The rider essentially “adds” fertility/IVF benefits to the plan.
- Without the rider, a small group plan may not include IVF coverage.

A few key distinctions:

CA fully insured large group plans: IVF coverage is required as part of the benefit standard; it is not optional in the same way.

CA fully insured small group plans: IVF/fertility coverage is available only if the employer purchases the optional infertility rider (IVF rider).

Non-CA situs policies covering CA residents: The California mandate may still apply starting Jan. 1, 2026, but only for fully insured large group plans when the extraterritorial criteria are met. The California IVF benefit can apply beyond employees physically located in California, but it depends on the policy situs and effective date.

ASO/self-funded plans: The CA mandate does not apply.

****the rider itself is mainly relevant to California small group fully insured plans; the broader IVF mandate applies in specific California-related fully insured large group situations.**