

Infertility Services

Groups Beginning 7.1.2025

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		GOLD						PLATINUM									
ANTHEM BLUE CROSS HMO																	
	HMO A		HMO B		HMO A		HMO B		HMO C		HMO A		HMO B				
Infertility Services	Yes*		Yes*		Yes*		Yes*		Yes*		Yes*		Yes*				
Infertility Drugs	No		No		No		No		No		No		No				
IVF	No		No		No		No		No		No		No				
GIFT	No		No		No		No		No		No		No				
ZIFT	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. 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>																	
HEALTH PLAN		BRONZE								SILVER							
ANTHEM BLUE CROSS PPO																	
	PPO A		PPO B		PPO C		PPO D		PPO B		PPO C		PPO D		PPO E		
	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*	
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		GOLD										PLATINUM					
ANTHEM BLUE CROSS PPO																	
	PPO B		PPO C		PPO D		PPO E		PPO A		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					
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. 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>																	

IVF - In Vitro Fertilization

GIFT - Gamete Intrafallopian Transfer

ZIFT - Zygote Intrafallopian Transfer

Infertility Services

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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 A	HMO B	HMO C		
Infertility Services		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		
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		
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 D	HMO A	HMO B	HMO C		
Infertility Services		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		
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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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		HMO B		HMO C		HMO A		HMO B					
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					
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 J	HMO K	HMO L	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	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	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	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	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	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)