

# Infertility Services

Groups Beginning 1/1/22

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
ANTHEM BLUE CROSS HMO / EPO									
	EPO A	HMO A	HMO B	EPO A	EPO B	HMO A	HMO B	HMO A	
Infertility Services	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	
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	

\*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)

CARRIER	BRONZE				SILVER					
ANTHEM BLUE CROSS PPO										
	PPO A		PPO B		PPO A		PPO B		PPO C	
	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*
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	GOLD									
ANTHEM BLUE CROSS PPO										
	PPO A		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
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

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CARRIER	BRONZE			SILVER			GOLD			PLATINUM						
<b>CIGNA + OSCAR</b>																
	EPO C	EPO D	EPO C	EPO D	EPO E	EPO C	EPO D	EPO E	EPO C	EPO D	EPO E					
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				
<b>CARRIER</b>																
<b>HEALTH NET</b>																
	HMO A	HMO A	HMO C	HMO A	HMO B	HMO C	HMO D	HMO E	HMO F	HMO G	HMO C	HMO D	HMO E	HMO F	HMO G	HMO H
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
<b>CARRIER</b>																
<b>KAISER PERMANENTE</b>																
	HMO A	HMO B	HMO C	HMO A	HMO B	HMO C	HMO D	HMO E	HMO B	HMO C	HMO D	HMO E	HMO A	HMO B		
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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CARRIER	BRONZE			SILVER			GOLD			PLATINUM		
<b>SHARP HEALTH PLAN</b>												
	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	
CARRIER	BRONZE			SILVER			GOLD			PLATINUM		
<b>SUTTER HEALTH PLUS</b>												
	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		

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CARRIER	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 C	HMO E	HMO G	HMO H	HMO I	HMO J	HMO K	HMO L		
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	
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	
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	
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	
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	
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		HMO C				
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			
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			
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			
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			
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			

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 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 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.  
Cigna + Oscar - No  
Health Net - See plan specific EOC regarding continuity of care.  
Kaiser Permanente- No  
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 1-4)