Helping members conceive

We want our members to get the coverage they need. When it comes to infertility, the Affordable Care Act's (ACA) essential health benefits (EHBs) require that all health plans cover the diagnosis and treatment of any underlying medical causes of infertility. Similarly, with the recent passing of Senate Bill 729, treatment for infertility itself is now covered as a standard benefit.[1]

What is covered?

Covered infertility diagnosis and treatment, including[2]:

- In vitro fertilization (IVF), including up to three completed oocyte (egg) retrievals and unlimited embryo retrievals.
- Gamete intrafallopian transfer (GIFT).
- Zygote intrafallopian transfer (ZIFT).
- Artificial insemination.
- Reconstructive surgery, except sterilization reversal.
- Supplies and appliances required for infertility and assisted reproductive technology services.
- Fertility medications, including oral, injectable, and office-administered medications.
- Diagnosis and treatment of infertility, including evaluation, testing, and related medical services.
- Physician services, including consultation and referral.
- Physical examination.
- Genetic evaluation, testing, and screening.
- Screening and diagnostic laboratory and imaging services.
- Semen analysis and sperm DNA fragmentation analysis.
- Tubal and uterine evaluation.
- Hormone, ovulation, thyroid function, and ovarian reserve testing.
- Diagnostic surgery and biopsy.
- Infectious disease screening and testing.
- Any other services to diagnose infertility consistent with established medical practices and the most current ASRM guidelines.

Anthem

Donors, donor material, and surrogate services[3]

Medically necessary infertility and fertility services are covered to enable parenthood using donor gametes, donor embryos, or surrogate services, including:

- Procurement and retrieval of donor sperm, oocytes, and embryos.
- Laboratory and imaging services.
- Genetic testing and screening.
- Infectious disease screening and testing.
- Medications to induce ovulation.
- Gamete and embryo transfer.
- Any other medically necessary services consistent with Section II above.

Cryopreservation and storage

Cryopreservation of sperm, oocytes, embryos, and gonadal tissue covered for three years (aligned with ASRM).

Storage of cryopreserved genetic material for up to five years from the date of initial cryopreservation.

For small groups, this coverage is optional as our infertility rider.

It costs $90 a month per subscriber[4]

For example: $90 per monthly premium x 5 employees = $450/month

Give your Anthem Member Services representative a call to find out more.

1 Large group plans are required to cover infertility diagnosis, treatment, and fertility services, while small group plans must offer infertility and fertility coverage.
2 Benefits subject to final specifications provided by the Department of Managed Health Care.
3 Surrogate and donor medical care are not covered unless the surrogate or donor is a member.
4 Applies to all areas and ages.

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