

**SB 729 Fertility and Infertility Coverage:****PENDING****Coverage**

All plans standardly cover state mandated fertility preservation services. Plans may also be purchased with a buy-up option with comprehensive infertility services for an additional premium.

Plans with additional Infertility include: Infertility Treatment - Artificial Insemination or Ovulation Induction: Coverage is limited to 6 courses of treatment for AI and 6 courses of treatment for OI per lifetime.

Advanced Reproductive Technology: Can include GIFT, ZIFT, IVF, ICSI, ovum microsurgery and cryopreserved embryo transfers, see the Certificate of Coverage for full details. Coverage is limited to IVF for fertility preservation. GIFT is limited to 2 cycles per lifetime.

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A

**SB 729 Fertility and Infertility Coverage:**

Anthem Blue Cross's Infertility Rider currently complies with SB 729 for the Small Group market. Consequently, there will be no changes in how this rider is offered to Small Group clients and members.

Coverage

Diagnosis and treatment of underlying medical cause of Infertility is covered for all plans.

Rider

Infertility Rider available. \$2,000 lifetime maximum for services (in- and out-of-network combined) for the following: Medications given in a doctor's office, Reconstructive Surgery, except for sterilization reversal, artificial insemination, supplies and appliances, IVF, GIFT, ZIFT. Separate \$1,500 lifetime maximum for drugs prescribed for treatment of infertility.

Rider Cost

\$90 per subscriber per month, regardless of area or age.

Rider Lifetime Maximum

\$2,000 for services, and separate \$1,500 for infertility drugs, per subscriber.

Rider Benefit

50% coinsurance. Benefits are subject to deductible and accrue to the OOP max.

Rider Exclusions

See EOC



SB 729 Fertility and Infertility Coverage:

General

Small Business

Large Group - Fully-Insured

Self-funded Impacts

On September 29, 2024, Governor Newsom Signed SB 729 which expands access to fertility coverage for fully insured employer groups in the small group line of business. Blue Shield of California is required to offer coverage (Assisted Reproductive Technology -ART Rider) for the diagnosis and treatment of infertility and fertility services in the Small Business Market, for plans issued, amended, or renewed on or after July 1, 2025. The mandate required that cost shares applied to diagnosis and treatment of infertility services may not differ the cost shares applied to other covered services. For Plans with an effective date on or after July 1, 2025, Blue Shield will offer the required infertility coverage (Assisted Reproductive Technology -ART Rider) for each medical plan in compliance with this mandate.

For future reference, please use the following link to the summary of Benefits:

<https://www.blueshieldca.com/en/broker/small-business/medical/summary-of-benefits-2025>

Coverage

Offer HMO and PPO/HSA/HDHP plans with and without Infertility.

Plans with Infertility include: Six (6 lifetime) natural (without ovum [egg] stimulation) artificial inseminations, three (3 lifetime) stimulated (with ovum [egg] stimulation) artificial inseminations, one(lifetime) GIFT, cryopreservation is limited to one (lifetime) retrieval and one year of storage.

PPO & HSA/HDHP Plans: Services are subject to the Calendar Year Medical Deductible and do count towards the Calendar Year Out-of-Pocket Maximum.

EXCLUDES: Assisted Reproductive Technology and associated services related to ICSI, ZIFT, IVF and more.

Services are not subject to any applicable deductible and do not count towards the Calendar Year Out-of-Pocket Maximum

Rider

Available on all plans. Coverage in-network for:

- Natural/Stimulated AI
- Cryopreservation
- Prescription drugs

Rider Cost

Cost will be applied per enrollee per month, and varies by plan and age (including children).

Rider Lifetime Maximum

Lifetime limit of:

- 6 natural/3 stimulated AI
- 1 GIFT
- 1 Cryopreservation of embryo, oocytes, ovarian tissue, and sperm (1 retrieval & 3 year storage per person/lifetime)

Rider Benefit

HMO & PPO Plans

50% coinsurance. Benefits not subject to medical deductible and do not accrue to OOP Max.

PPO Savings Plans (HSA)

50% coinsurance. Benefits are subject to medical deductible and accrue to OOP Max.

Rider Exclusions

ZIFT; IVF; ICSI; surrogacy services; the collection, purchase, or storage of the sperm/eggs/frozen embryos from donors other than the member; and anything not specifically listed as a covered service in the Family Planning and Infertility Services section of the EOC.



SB 729 Fertility and Infertility Coverage:
PENDING

Coverage

https://www.wordandbrown.com/getmedia/d954e9ec-be8f-41a2-bc55-fa3b01530e2b/CC-5972-Infertility-Services_3-2025_Eff-7-1-2025.pdf

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A



SB 729 Fertility and Infertility Coverage:

What is the updated guidance on quoting the IVF/fertility rider option for small group (SG) plans starting July 1, 2025?

No changes. When the rider is needed, it is added at a group level to all members/plans.

2. Will it be quoted as a separate line item or as part of a dual-rate package (standard vs. IVF)? – Included in the rate when the rider is selected.
3. Are there multiple rider options available (e.g., basic vs. enhanced)? – No, just one rider.

Additionally:

Are you providing any materials or summaries for brokers and employers that explain this new rider? If so, please provide.

Yes, everything has been posted on our forms and brochures page.

https://www.healthnet.com/en_us/brokers/forms-brochures/small-group.html

<https://www.healthnet.com/content/dam/centene/healthnet/pdfs/broker/ca/sbg/fb/2025/hn-sbg-portfolio-guide-h2-2025.pdf>

Portfolio Guide – July 1, 2025 effective date – English (PDF)

Will your coverage include:

ASRM clinical standards, such as single embryo transfer? – What's covered: In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum.

Provisions for same-sex couples or third-party reproduction (donors, surrogates)? – No

Large group has different requirements, and the benefits are embedded vs. offered as an optional rider.

Coverage

HMO:

Plans are offered with or without Infertility benefits

Plans with Infertility include: \$8,500 Lifetime benefit maximum for medical benefits, \$1,500 lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits DO NOT apply to out-of-pocket maximum for HMO plans.

PPO & HSA:

Plans are offered with or without Infertility benefits

Plans with Infertility include: \$2,000 Lifetime benefit maximum for medical benefits, separate \$2,000 Lifetime benefit maximum for Rx benefits. Includes artificial insemination and GIFT.

Infertility benefits do not apply to the calendar year out-of-pocket maximum (with the exception of HDHP plans).

Rider

Available on all plans. Coverage in-network for:

- Artificial Insemination
- Gamete intrafallopian transfer (GIFT)
- Follicle ultrasounds
- Sperm washing
- Prescription drugs (oral)
- Office visits (Professional services)
- Inpatient and outpatient care
- Treatment by injections
- Medically necessary services and supplies for established fertility preservation treatments in connection with iatrogenic infertility

(Continued)

Rider Cost

Rates will vary by rating region and age. If the employer chooses the infertility benefit, all plans offered will have the infertility benefit and the additional premium will be applied to each person on the policy.

Rider Lifetime Maximum

HMO Plans

\$8,500 for medical, \$1,500 for prescription benefits.

PPO Plans

\$2,000 for medical, \$2,000 for prescription benefits.

Rider Benefit

50% coinsurance. Benefits do not apply to the OOP Max (except on PPO HDHP plans)

Rider Exclusions

- Conception by medical procedures (IVF and ZIFT), or any process that involves harvesting, transplanting or manipulating a human ovum, other than GIFT; services or supplies (including injections and injectable medications) which prepare the member to receive these services
- The collection, storage or purchase of sperm
- Gamete or embryo storage
- Use of frozen gametes or embryos to achieve future conception
- Pre-implantation genetic diagnosis
- Donor eggs, sperm or embryos
- Gestational carriers (surrogates)



SB 729 Fertility and Infertility Coverage:

Kaiser Permanente is awaiting final regulatory approval from the DMHC for benefit offerings and implementation timing. There is a possibility that implementation may be delayed from July 1, 2025, to January 1, 2026. Kaiser will release an update if any changes are required from the DMHC.

Large Group Update:

Access to fertility care will be expanded because of the new California Senate Bill 729. With a current effective date of July 1, 2025, as contracts renew, Kaiser Permanente will provide coverage for the diagnosis and treatment of infertility/fertility treatments.

Coverage details are currently being reviewed by the Department of Managed Health Care (DMHC). Once the DMHC approves Kaiser Permanente's implementation approach, plan documents such as EOCs will be updated accordingly for all fully insured large employer groups that offer fertility service in accordance with SB 729.

Kaiser Permanente will continue to provide additional information as it becomes available. In the meantime, you can review the coverage details below (pending DMHC approval).

SB 729 offers coverage for the following fertility treatments and procedures, including:

Diagnosis and treatment of infertility

Artificial insemination (IUI)

In Vitro Fertilization (IVF)

*If the lifetime maximum for egg retrievals is reached, Kaiser Permanente will not cover any future services related to egg retrievals including prescription drugs.

Cost share and accumulations for fertility services will match the plan's cost sharing that applies to non-fertility medical services (e.g., plan's cost share for the same type of service, lab, imaging, etc.). Fertility drugs will be covered, equal to plan's generic/brand /specialty cost share.

For large group customers renewing between July and December 2025, the benefit will be included as part of the renewal. As a contract renews and SB 729 coverage is included,

this expanded benefit will act as a benefit reset. A covered member will be eligible for SB 729 services, regardless of whether the member has accessed or exhausted any previous supplemental fertility services coverage.

Small Group Update:

All existing employers and brokers with INF plans, both ACA-metal and grandfathered, will receive a one-time email notification informing them of the benefit enhancements at time of renewal, beginning mid-June (pending DMHC approval).

How will a member be informed of SB 729 fertility coverage?

Kaiser Permanente will provide information about fertility benefit coverage and how to access care to your employees who are members. Kaiser Permanente members can always reach out to the Member Services at HYPERLINK "<https://healthy.kaiserpermanente.org/support>"kp.org/supportcenter or call 1-800-464-4000, 711 TTY available 24/7 for most services and more than 150 languages using interpreter services.

Kaiser Permanente's Member Services representatives will be able to respond to any member questions about SB 729. If a member has any questions or wants more information about these changes, they can contact member services at kp.org/supportcenter or call 1-800-464-4000, 711 TTY available 24/7 for most services, offering more than 150 languages using interpreter services.

Where can a Kaiser Permanente member receive fertility services?

In Northern California, Kaiser Permanente provides comprehensive fertility care at our Kaiser Permanente's Centers for Reproductive Health (CRH) - <https://www.kpivf.com/> California Fertility Clinic (Bay Area) | Kaiser Permanente Centers for Reproductive Health.

In Southern California, the Southern California Permanente Medical Group (SCPMG) REI physicians provide IVF care in a variety of high-quality, conveniently located non-KP IVF centers within the Southern California region. All covered patients

CARRIER INFERTILITY COMPARISON

are seen at a Kaiser facility by an SCPMG REI physician who coordinates their care. Intrauterine Insemination (IUI) procedures are performed at a Kaiser facility and In-vitro Fertilization (IVF) services are performed by KP physicians at contracted facilities.

Where can members find more information about fertility care and local services at Kaiser Permanente fertility?

Members can ask their ob-gyn and visit the following pages to obtain clinic specific information along with fertility services:

kpivf.com (Northern California)

fertilitycare-southerncalifornia.kaiserpermanente.org
(Southern California)

Coverage

HMO:

Infertility benefits can be added for an additional cost for 20+ groups AND Kaiser is the sole carrier.

Covered services include: services for diagnosis and treatment of infertility, artificial insemination and GIFT (limited to one treatment per lifetime).

EXCLUDES: All other services related to conception by artificial means and services to reverse voluntary, surgically induced infertility.

Covered at 50% coinsurance with no annual maximum. Benefits are not subject to deductible and do not accrue to the out-of-pocket maximum, except for HDHPs.

PPO:

\$1,000 per year maximum for treatment of infertility, including GIFT. **EXCLUDES:** IVF.

HSA:

Same benefits as HMO, except benefits are subject to any Medical deductible and accrue to out-of-pocket maximum.

Rider

Available to groups with 20+ FTE.

Kaiser must be the sole carrier

Coverage in-network for:

- Services for diagnosis and treatment of infertility
- Artificial Insemination
- Services for gamete intrafallopian transfer (GIFT), limited to one treatment cycle per lifetime

Rider Cost

Cost is built into the plan and varies by age and plan design. Must be quoted by Kaiser.

Rider Lifetime Maximum

GIFT procedures up to 1 treatment cycle per lifetime

Rider Benefit

50% coinsurance. Benefits aren't subject to deductible and do not accrue to the OOP max (exception for HDHPs)

Rider Exclusions

- Services to reverse voluntary, surgically induced infertility
- All other services related to conception by artificial means (except for GIFT), such as:
- In vitro fertilization (IVF)
- Zygote intrafallopian transfer (ZIFT)
- Ovum transplants
- Procurement and storage of semen and eggs



SB 729 Fertility and Infertility Coverage:

SB 729 coverage requirements do not apply to MediExcel Health Plan due to its licensure under the Knox-Keene Act, Section 1351.2.

MediExcel Health Plan has confirmed with the California Department of Managed Health Care that SB 729 does not apply to services delivered in Mexico.

SHARP Health Plan

SB 729 Fertility and Infertility Coverage:

Sharp will offer standard plans as well as plans that include infertility benefits. SHP will no longer offer infertility rider options. For those plans that include infertility benefits, the coverage will be as follows:

Treatment for diagnosed infertility, which includes, but is not limited to, Assisted Hatching, IVF (In Vitro Fertilization), GIFT (Gamete Intrafallopian Transfer), ICSI (Intracytoplasmic Sperm Injection), and ZIFT (Zygote Intrafallopian Transfer).

Coverage will be provided for up to a maximum of three completed oocyte retrievals (egg retrievals).

Summary documents will be provided, containing all relevant details.

Coverage

Infertility benefits can be added for an additional cost for 20+ groups.

Rider

Available on HMO to groups with 20+ eligible employees.

Coverage in-network for:

- Artificial Insemination (AI)
- Assisted Reproductive Technologies (ART) (GIFT)
- Provider-administered medications
- Self-administered outpatient prescription medication

Rider Cost

\$15.09 per member per month.

Rider Lifetime Maximum

- AI services up to Lifetime maximum of 3 inseminations
- GIFT procedures up to Lifetime maximum of 3 cycles
- Provider-administered medications directly associated with the covered ART procedures up to Lifetime max of 3 cycles
- Self-administered medications for Infertility treatment up to Lifetime max of 3 cycles.

Rider Benefit

50% coinsurance of the Plan's scheduled or contracted rate of payment, whichever is less. Rider benefits do not accrue toward deductible or OOP max

Rider Exclusions

- The collection, preservation or purchase of sperm, ova or embryos
- Services relating to cryo preservation
- Reversal of voluntary sterilization
- Services include, but are not limited to, Assisted Hatching, blastocyst transfer, Intracytoplasmic Sperm
- Injections (ICSI), multi-cell embryo transfer (TET), ZIFT
- Any service, procedure or process that prepares the member for non-covered ART procedure



SB 729 Fertility and Infertility Coverage:
PENDING



SB 729 Fertility and Infertility Coverage: SG PENDING

Sutter Health Plan will include coverage for the diagnosis and treatment of infertility, as well as fertility services, for all large group employers with new or renewing plans effective on or after July 1, 2025.

This coverage will be provided by the guidelines set by the American Society for Reproductive Medicine (ASRM). It will encompass a maximum of three (3) completed oocyte retrievals and unlimited embryo transfers.

Cost-sharing for covered services will follow the standard cost-sharing applicable to the specific type of service (e.g., office visits, outpatient lab services, etc.).

Coverage

All plans cover standard fertility preservation services when a covered treatment may directly or indirectly cause iatrogenic infertility.

HMO plans (non-Plus plans): Infertility treatment is not covered.

HMO Plus plans:

Coverage in-network for:

- Services, supplies and drugs to diagnose and treat involuntary infertility, including consultations, examinations, diagnostic tests, procedures, surgery, gamete intrafallopian transfer (GIFT), and drug therapy, subject to the Exclusions and Limitations described below.

Cost Share is 50% coinsurance and does not accrue to the annual out-of-pocket maximum.

Limitations:

1. Intrauterine Insemination (IUI) is limited to three (3) cycles per Member's lifetime
2. The following advanced reproductive technologies (ART) procedures are limited to one (1) per Member's lifetime:
 - In-vitro fertilization (IVF) with embryo transfer
 - » GIFT
 - » Zygote intra-fallopian transfer (ZIFT)

- » Tubal embryo transfer (TET)
- » Pronuclear stage tubal embryo transfer (PROUST)

EXCLUSIONS

1. Services and supplies to reverse voluntary infertility, including, but not limited to, reversals of vasectomy, tubal ligation or other surgically-induced infertility, or to treat infertility following reversal procedures
2. Services and supplies related to donor sperm and sperm retrieval, freezing and storage
3. Services and supplies related to oocyte (egg) freezing and storage
4. Services and supplies related to surrogacy or gestational carriers if prenatal and postpartum care is covered by the intended parent(s)
5. Intracytoplasmic Sperm Injection (ICSI) for non-donor sperm failing to meet male factor infertility criteria
6. Treatment of female sterility in which a donor egg would be necessary (e.g., post-menopausal syndrome)
7. Experimental and investigational diagnostic studies, procedures and drugs used to determine the cause of infertility or to treat infertility

Rider

N/A

Rider Cost

N/A

Rider Lifetime Maximum

N/A

Rider Benefit

N/A

Rider Exclusions

N/A



TBS is filed as a large group in Delaware. Therefore, the California small group requirements would not apply.



SB 729 Fertility and Infertility Coverage:

PENDING

Fertility and Infertility Services: UnitedHealthcare is working diligently with regulators to validate the effective date and coverage requirements for CA SB729, treatment for fertility and infertility services. Consistent with the Governor's ask to the legislature, it is possible that this bill's effective date may be delayed from 7/1/2025 to 1/1/2026. However, if there is no delay, UnitedHealthcare is prepared to offer the mandated coverage to small groups upon renewal effective 7/1/2025 and after.

Note: UHC small business product team is in the process of updating the optional benefit language for SB729.

Coverage

HMO , PPO & HSA:

Infertility is not a standard benefit. Groups need to elect infertility coverage. Pending complete details.

State Navigate Plans:

Infertility coverage limited to \$2,000 per covered person per lifetime at the plan's coinsurance.

Rider

Available on all HMO and PPO plans. Coverage for:

HMO:

- Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI))
- Gamete Intrafallopian Transfer (GIFT)
- Clomid and other approved Injectable medications and syringes

PPO:

- Ovulation induction (or controlled ovarian stimulation)
- Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI))

- Assisted Reproductive Technologies (ART)
- Pharmaceutical Products for the treatment of infertility that are administered on an outpatient basis in a Hospital, Alternate Facility, Physician's office, or in the members home

Rider Cost

Premium increase is 3.4% for HMO, 4.9% for PPO.

Rider Lifetime Maximum

HMO

- Insemination Procedures limited to 6 procedures per lifetime (benefit renews if member conceives)
- GIFT limited to 3 cycles or 1 live birth per lifetime

Rider Benefit

50% coinsurance

Rider Exclusions

- Services after a previous elective vasectomy or tubal ligation or sterilization (including reversal)
- IVF, ZIFT and procedures performed in conjunction with advanced infertility procedures
- Intravenous Gamma Globulin (IVIG)
- Treatment of sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome)
- Any costs associated with the collection, preparation, storage of or donor fees for the use of donor sperm that may be used during a course of artificial insemination

Refer to EOC for additional exclusions.



SB 729 Fertility and Infertility Coverage:
PENDING