Comprehensive fertility coverage

Get expert care centered around you

At Kaiser Permanente, we're committed to supporting you through every step of your care journey. With select health plans, you're covered for fertility services in line with California Senate Bill 729. Check your *Evidence of Coverage* (EOC) for more details about your fertility benefits.[1]

What fertility services are covered?

Covered services include:[2]

- Physician services, including consultation and referral
- Physical examination
- Screening and diagnostic lab and imaging services
- Diagnostic surgery and biopsy
- Genetic evaluation, testing, and screening
- Artificial insemination, including intrauterine insemination
- In vitro fertilization (IVF), including oocyte (egg) retrieval, sperm retrieval, and embryo transfer
- Fertility medications
- Other services to diagnose and treat infertility consistent with established medical practices and current guidelines published by the American Society for Reproductive Medicine

Donors, donor material, and gestational carrier services

Coverage for medically necessary infertility and fertility services to enable parenthood using third-party donor gametes (eggs and sperm), donor embryos, or a gestational carrier includes:

- Procurement of donor semen, oocytes, or embryo[3]
- Ovary stimulation medications in an oocyte donor
- Retrieval of gametes from a donor[4]
- Embryo transfer to a gestational carrier

Cryopreservation and storage

Coverage may include cryopreservation and storage of sperm, oocytes, and embryos.[5]

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What's not covered?

The following services aren't covered under the SB 729 requirement:

- Services that aren't related to the medically necessary treatment of infertility as defined in your EOC
- Nonmedical fees, including but not limited to legal fees, agency fees, shipping fees, travel fees, finder fees, broker fees, transport fees, other administrative costs, and compensation to a donor, gestational carrier, or other third party involved in an Assisted Reproduction Agreement (ARA)
- Health care costs for any third party involved in an ARA that aren't medically necessary fertility services
- Any physical health or mental health screenings administered as part of the selection process for a donor or gestational carrier before the execution of an ARA
- Services related to the procurement, cryopreservation, and storage of semen, oocytes, and embryos, except when part of covered fertility services

How to get started

To get started, contact Member Services at **kp.org/supportcenter** or **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week. If you have questions about your fertility benefits or need extra help with a complex situation, they can connect you with the Fertility Special Services team.

1. Coverage differs by plan. Refer to your EOC or *Certificate of Insurance*, which you can get from your employer. **2.** Fertility services refers to medically necessary health care services to help a covered member become a parent. Plan physicians determine which fertility services are medically necessary/medically indicated for each patient. **3.** Covered services remain subject to the limitations as outlined in your EOC. **4.** See note 3. **5**. See note 3.