

County of Sacramento: 2022 Infertility Benefit Comparison

Carrier:	Kaiser Permanente		Sutter Health Plus		Western Health Advantage	
Plan Type:	Traditional HMO	HDHP	Traditional HMO	HDHP	Traditional HMO	HDHP
Does Plan Offer Infertility* Coverage?:	YES	NO INFERTILITY BENEFIT	YES	NO INFERTILITY BENEFIT	YES	NO INFERTILITY BENEFIT
Benefit Copay or Coinsurance	See Details Below	N/A	50% Coinsurance for Covered Services	N/A	50% Coinsurance for Covered Services	N/A
Applies to Annual Deductible?	NO	N/A	NO	N/A	NO	N/A
Applies to Annual Out-of-Pocket Max?	NO	N/A	NO	N/A	NO	N/A
Services Require Prior Authorization?	YES	N/A	YES	N/A	YES	N/A
Carrier Member Services Phone#	(800) 464-4000		(855) 315-5800		(888) 563-2250	

Infertility-Related Covered Services & Costs:

For the Diagnosis & Treatment of Infertility:

Office Visits:	\$15 Per Visit	NOT COVERED	50% Coinsurance for Covered Services	NOT COVERED	50% Coinsurance for Covered Services	NOT COVERED
Outpatient Surgeries & Procedures:	\$15 Per Visit					
Outpatient Imaging/Labs/Diagnostic Services:	No Charge					
Outpatient Administered Drugs:	No Charge					
Inpatient Hospital Stay:	No Charge					
Fertility Drugs*:	Tier 1: \$10 Copay Tiers 2/4: \$20 Copay					

Artificial Insemination/Intrauterine Insemination (IUI):

Office Visits:	\$15 Per Visit	NOT COVERED	50% Coinsurance for Covered Services - Limited to 3 Cycles Per Lifetime	NOT COVERED	50% Coinsurance for Covered Services - Limited to 3 Cycles Per Lifetime	NOT COVERED
Outpatient Surgeries & Procedures:	\$15 Per Visit					
Outpatient Imaging/Labs/Diagnostic Services:	No Charge					
Outpatient Administered Drugs:	No Charge					
Inpatient Hospital Stay:	No Charge					

OTHER INFERTILITY-RELATED SERVICES:

Assisted Reproductive Technology Services (ART) Including:

In-Vitro Fertilization (IVF)	NOT COVERED	NOT COVERED	50% Coinsurance - Limited to 1 per Lifetime (IVF ONLY)	NOT COVERED	50% Coinsurance - Limited to 1 per Lifetime (Either GIFT -OR- IVF)	NOT COVERED
Gamete Intra-Fallopian Transfer (GIFT)			NOT COVERED			
Zygote Intra-Fallopian Transfer (ZIFT)			NOT COVERED			
Fertility Preservation Services			NOT COVERED			
Services/Supplies to Reverse Voluntary, Surgically Induced Infertility			NOT COVERED			
All Services Related to/Involved in Surrogacy			NOT COVERED			
Semen & Eggs - Procurement and Storage			NOT COVERED			

**Please refer to your specific plan's Evidence of Coverage or other plan documents for definitions and other services that may not be listed on this summary.*