

CITY OF SACRAMENTO 2026 FERTILITY BENEFIT COMPARISON CHART



Compare each plan feature by reading down the columns. For out-of-network benefits please refer to your plan documents.

MEDICAL PLAN	FERTILITY BENEFITS	COVERAGE
Kaiser HMO \$25		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination	No charge
	Assisted reproductive technology (“ART”) Services	No charge
Kaiser HMO \$40		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination	No charge
	Assisted reproductive technology (“ART”) Services	No charge
Kaiser HMO ABHP		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination	\$10 copay after deductible
	Assisted reproductive technology (“ART”) Services	\$10 copay after deductible
Sutter HMO \$25		
In-Network Benefits	All services Medically Necessary and clinically appropriate to diagnose and treat involuntary Infertility, including the diagnostic work-up and testing, procedures and services and all medications when referred by your PCP or OB/GYN doctor and authorized by your medical group.	No charge
Sutter HMO \$40		
In-Network Benefits	All services Medically Necessary and clinically appropriate to diagnose and treat involuntary Infertility, including the diagnostic work-up and testing, procedures and services and all medications when referred by your PCP or OB/GYN doctor and authorized by your medical group.	No charge
Sutter HMO ABHP		
In-Network Benefits	All services Medically Necessary and clinically appropriate to diagnose and treat involuntary Infertility, including the diagnostic work-up and testing, procedures and services and all medications when referred by your PCP or OB/GYN doctor and authorized by your medical group.	\$10 copay after deductible
Western Health Advantage HMO \$25		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	No charge
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	No charge
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	No charge
	• Medications for the treatment of Infertility.....	No charge
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	
Western Health Advantage HMO \$40		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	No charge
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	No charge
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	No charge
	• Medications for the treatment of Infertility.....	No charge
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	
Western Health Advantage HMO ABHP		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	\$10 copay after deductible
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	\$10 copay after deductible
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	\$10 copay after deductible
	• Medications for the treatment of Infertility.....	\$10 copay after deductible
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	
		* Copayments for covered Infertility services contribute to the annual deductible/out-of-pocket maximum of your medical plan with Western Health Advantage.

This chart is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).