

CITY OF SACRAMENTO 2027 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, including artificial insemination and assisted reproductive technology (ART), including IVF.....	Applicable plan cost share based on the service received. For example: Specialist office visit → \$25 copay; diagnostic test/lab → No charge; imaging → No charge; outpatient surgery/facility → \$25 copay; fertility medications → applicable prescription drug benefit based on the medication received.
Kaiser HMO \$40		
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Kaiser HMO ABHP		
In-Network Benefits	Diagnosis and treatment of infertility, including artificial insemination and assisted reproductive technology (ART), including IVF.....	Deductible applies first, then cost sharing depends on the specific service received. For example, after deductible: Specialist office visit → \$30 copay; diagnostic test → \$10 copay; imaging → \$50 copay; outpatient surgery/facility → \$150 copay; fertility medications → applicable prescription drug benefit based on the medication received.
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.	Applicable plan cost share based on the service received. For example: Specialist office visit → \$25 copay; diagnostic lab/X-ray → No charge; imaging → No charge; outpatient surgery/facility → No charge; fertility medications → applicable pharmacy or medical benefit, depending on the medication and how it is administered.
Sutter HMO \$40		
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Western Health Advantage HMO \$25		
In-Network Benefits	• Diagnosis & Treatment of Infertility: May include fertility specialist consultations and office visits, ultrasounds, bloodwork/hormone testing, semen analysis, HSG, other diagnostic imaging/testing, and procedures used to evaluate or treat infertility..... • Artificial Insemination: Includes the insemination procedure and related monitoring/testing, which may include separate ultrasounds and laboratory services..... • Assisted Reproductive Technology (ART), including IVF: May include monitoring, ultrasounds/labs, egg retrieval, embryology/laboratory services, anesthesia, and embryo transfer. Coverage includes up to three completed oocyte (egg) retrievals with unlimited embryo transfers, consistent with applicable law and ASRM guidelines..... • Fertility Medications: May include medications used for ovarian stimulation, ovulation induction, cycle support, and other fertility treatment.....	Applicable plan cost share based on the service received. For example: Specialist office visit → \$25 copay; diagnostic test → No charge; imaging → No charge; outpatient surgery/facility → No charge; fertility medications → applicable pharmacy or medical benefit, depending on how administered.
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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).