

SB 729 FERTILITY & INFERTILITY COVERAGE SMALL GROUP CARRIER COVERAGE SUMMARY

A new California law is changing the landscape for infertility benefits — and Warner Pacific is here to help you stay ahead of the curve.

Effective January 1, 2026, Senate Bill 729 (SB 729) requires fully insured large group health plans issued, amended, or renewed on or after that date to include coverage for the diagnosis and treatment of Infertility, including In Vitro Fertilization (IVF). For brokers and employers alike, this means Infertility coverage is no longer optional — it's becoming a standard part of fully insured large group offerings in California.

Small Group Requirements (1-100 employees):

Fully insured small group plans are not required to include Infertility and Fertility benefits by default. However, carriers must offer at least one small group plan that provides coverage for Infertility diagnosis, treatment and Fertility services.

Select the carrier logo below to find information on how they are addressing coverage in their plans.



The carrier information in this document is provided for reference purposes only and is accurate to the best of our knowledge as of October 2025. Carrier guidelines, benefits and requirements are subject to change. For the most current information, please refer directly to the carrier's official website.

**COST**

Plans embedded in "INF" plans must be chosen when quoting; pricing is approximately 4% on HMOs and 2% on PPOs

PROCEDURES COVERED

IVF (In Vitro Fertilization)
ZIFT (Zygote Intrafallopian Transfer)
GIFT (Gamete Intrafallopian Transfer)
Cryopreserved embryo transfer
ICSI (Intracytoplasmic Sperm Injection) or
Ovum microsurgery, ovulation Induction
and Artificial Insemination

CO-INSURANCE ACCRUES TOWARD MOOP

HMO: Yes
PPO: Yes

APPLIED TO ALL PLANS?

Yes, group must offer INF plans for all, cannot offer INF plans with non-INF plans

BENEFIT LIMITATIONS

IVF, ZIFT, GIFT has Lifetime Maximum of three Oocyte retrieval and unlimited embryo attempts; fertility preservation limited to cryopreservation and storage

AVAILABLE IN & OUT OF NETWORK?

PPO: Yes
HMO: In network only

**COST**

Rider - \$90 per enrolled EE; no cost for enrolled dependents

PROCEDURES COVERED

Covered Services include diagnosis and treatment of infertility and fertility services, including a maximum of three completed oocyte retrievals with unlimited embryo transfers in accordance with the guidelines of the American Society of Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate. These Covered Services are provided on the same basis, at the same cost shares, as any other benefits for services not related to infertility. Covered Services include in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (zygote intrafallopian transfer), supplies, appliances, and Drugs. Coverage of fertility medications does not apply any exclusions, limitations, or other restrictions that are different from those imposed on other prescription medications.

CO-INSURANCE ACCRUES TOWARD MOOP

Yes

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

3 attempts

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

Yes, and combined

PLAN BENEFIT

Co-Insurance, co-pays is plan specific.

blue  of california**COST**

Rider is available. Pricing is based on region, age and plan; please see current rate guide

PROCEDURES COVERED

Six Natural/three Stimulated AI, one GIFT, one Oocyte (egg) retrieval, one Cryopreservation of embryo, ovarian tissue and sperm (one retrieval; three-year storage per person/lifetime)

CO-INSURANCE ACCRUES TOWARD MOOP

HMO: Yes

PPO: Yes

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

Maximums are procedural attempts; see SOB for details

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

In-network PPO: No

In-network PP HSA: Yes

In-network HMO: No

AVAILABLE IN & OUT OF NETWORK?

PPO: Yes

HMO: In network only

COST

Embedded in Anthem plans only (limited to evaluation only)

PROCEDURES COVERED

Covered services that include diagnostic tests to find the cause of Infertility, such as diagnostic laparoscopy, endometrial biopsy, semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., Endometriosis, Obstructed Fallopian Tubes and Hormone Deficiency)

BENEFIT LIMITATIONS

N/A

****SPECIAL NOTES**

All groups in the CaliforniaChoice® Program operate under small group health care service plan contracts.

The Department of Managed Health Care has determined that products offered through the CaliforniaChoice Program are not required to include options covering infertility benefits, as employer groups may access such options directly from the health plan.

**COST**

Plans embedded in “INF” plans must be chosen when quoting; rider is available. INF pricing is embedded in the INF plans based on the carrier, region, effective date, age band

PROCEDURES COVERED

BS: Six Natural/three Stimulated AI, one GIFT, one Oocyte (egg) retrieval; one Cryopreservation of embryo, ovarian tissue and sperm (one retrieval; three-year storage per person/lifetime)

KP: GIFT limited to one cycle per lifetime

Sharp: Three Oocyte retrievals and unlimited embryo transfers

CO-INSURANCE ACCRUES TOWARD MOOP

BS: Yes

KP: No

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

BS: Maximums are procedural attempts; see SOB for details

KP: GIFT limited to one cycle per lifetime

Sharp: IVF and Cryopreservation when medically necessary; maximums are procedural attempts: see SOB for details

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

BS: In network

PPO: No

In-network HMO: No

KP: No

AVAILABLE IN & OUT OF NETWORK?

BS: PPO: Yes HMO: In network only

KP: In network only

**health net****COST**

Rider is available; rates vary by rating region, age and plan; INF rates will be applied to each person enrolled on the plan

PROCEDURES COVERED

Artificial Insemination, GIFT, Follicle Ultrasounds, Sperm Washing, office visits (professional), Rx (oral), IVF, ZIFT, services and supplies, treatment by injection, medically necessary services and supplies for established fertility preservation treatments in connection with Latrogenic Infertility are covered

CO-INSURANCE ACCRUES TOWARD MOOP

PPO: Yes

HMO: Yes

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

IVF, ZIFT, GIFT has Lifetime Maximum of three Oocyte retrievals

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

PPO: Yes

HMO: In network only



COST

Benefits and costs are embedded in "INF" plans, choose "INF" labeled plans. Cost increase for INF plans is approximately 3% - 4%, plan specific

PROCEDURES COVERED

Diagnosis and treatment of Infertility (male and female), IUI, or Intrauterine Insemination (also known as Artificial Insemination)

Egg (Oocyte) retrieval as part of In Vitro Fertilization (IVF) or other assisted reproductive technology.* Embryo transfer from fresh or cryopreserved embryos (as part of IVF); related services such as labs, imaging and office visits

Fertility medications related to a covered egg retrieval or embryo transfer

CO-INSURANCE ACCRUES TOWARD MOOP

Yes

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

Limited to one treatment cycle per lifetime

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

PPO: Yes

HMO: In network only

****SPECIAL NOTES**

If group offers alongside of another carrier and adds Infertility, it must be added to all plans, all carriers

*If you reach the Lifetime Maximum for egg retrievals or embryo transfers, your enhanced fertility benefit will not cover any additional services related to additional egg retrievals or embryo transfers, including prescription drugs

****SPECIAL NOTES**

**Infertility/Fertility requirements under SB 729, effective 7/1/25, do not apply to MediExcel Health Plan given its licensure under the Knox-Keene Act, Section 1351.2. Furthermore, the California Department of Managed Health Care confirmed that SB 729 does not extend to services delivered in Mexico

SHARP Health Plan

COST

Plans embedded in "INF" plans must be chosen when quoting; benefits and cost are embedded in "INF" plans; cost increase for INF plans is 45%

PROCEDURES COVERED

Treatment of diagnosed Infertility, including but not limited to, Assisted Hatching, In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Intracytoplasmic Sperm

Injections (ICSI) and Zygote Intrafallopian Transfer (ZIFT); up to a maximum of three completed Oocyte retrievals (egg retrievals)

CO-INSURANCE ACCRUES TOWARD MOOP

Yes

BENEFIT LIMITATIONS

Up to a maximum of three completed Oocyte retrievals (egg retrievals)



COST

Plans embedded in "INF" plans must be chosen when quoting; SHP Standard plans include basic healthcare service only; SHP Plus plans have the embedded Infertility coverage rate, no additional cost

PROCEDURES COVERED

- GIFT
- Oocyte (egg) retrieval
- Cryopreservation of embryo
- Ovarian tissue and sperm storage and retrieval
- IVF: The new Infertility benefit covers Infertility treatment as medically necessary

CO-INSURANCE ACCRUES TOWARD MOOP

Yes

APPLIED TO ALL PLANS?

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

- Oocyte (egg) retrieval (max of three)
- Cryopreservation of embryo (for a period of three years)
- Ovarian tissue and sperm storage and retrieval (for a period of three years)

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

In network only

****SPECIAL NOTES**

*Prior authorization is required by the assigned medical group

*IVF is covered as medically necessary under the Infertility benefit as of 7/1/25; there is no limit on the number of IVF cycles

**COST**

Rider

HMO: 3.4% increase applied to entire HMO population

PPO: 4.9% increase applied to entire PPO population

PROCEDURES COVERED

HMO: Insemination procedures limited to six procedures per lifetime; Clomid used during the covered periods of Infertility is covered as part of this Supplemental Benefit and is not a covered pharmaceutical through UHC's supplemental pharmacy coverage; GIFT (Gamete Intrafallopian Transfer); Injectable medications and syringes for the treatment of Infertility are covered as part of this Supplemental Infertility Benefit and are not a covered pharmaceutical through UHC's supplemental pharmacy coverage (examples include - Pergonal, Profasi, Metrodin, Urofollitropin).

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 your home; healthcare services and related expenses for Infertility treatments; Gestational Carrier or Surrogate; costs for donor eggs and donor sperm; storage and retrieval of all reproductive materials; IVF (In Vitro Fertilization) that is not an ART for the treatment of Infertility; IVF regardless of the reason for treatment

CO-INSURANCE ACCRUES TOWARD MOOP

PPO: Yes

HMO: Excluded from OOPM, except for HSA \$2,000 Lifetime Max

APPLIED TO ALL PLANS?

PPO: Yes

HMO: Yes

If INF is added, it will be added to all plans

BENEFIT LIMITATIONS

Number of procedural attempts

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

HMO: No

PPO: Yes



COST

Embedded in plans labeled “INF,” and the additional pricing for INF plans is 45%

PROCEDURES COVERED

Basic lab work and imaging tests, Genetic testing for prenatal diagnosis of a rare/serious condition

Prescribed oral or self-injectable medications (as per WHA’s Preferred Drug List)

Office-administered medications (Hormonal Therapies, Ovarian Stimulation), Oocyte retrieval, sperm collection and storage

Artificial Insemination (IVI, ICI, IUI), Assisted Reproductive Technology (IVF, ICSI, ZIFT, GIFT, FET)

CO-INSURANCE ACCRUES TOWARD MOOP

Yes

APPLIED TO ALL PLANS?

Yes; if INF is added, it will be added to all plans

BENEFIT LIMITATIONS

Number of attempts

SUBJECT TO CHOSEN PLAN DEDUCTIBLE?

Yes

AVAILABLE IN & OUT OF NETWORK?

No