

SB 729: Broker FAQ Sheet

Infertility Coverage Mandate for Fully Insured Large Group Plans

What is SB 729?

SB 729 is a California law requiring fully insured Large Group health plans to cover the diagnosis and treatment of infertility, including IVF, effective for plans issued, amended, or renewed on or after January 1, 2026.

Who does the mandate apply to?

The law applies to:

- Fully insured Large Group plans (101+ employees)
- Plans regulated by the California Department of Insurance (CDI) or Department of Managed Health Care (DMHC)

Who is excluded?

SB 729 does not apply to:

- Self-funded or level-funded plans (regulated federally under ERISA)
- Religious employer plans
- Medi-Cal and Medicare plans
- CalPERS (until July 2027)

Does SB 729 replace or expand the old definition of infertility treatment for large fully insured health plans?

SB 729 **expands** the previous definition of infertility and the scope of required coverage. It does not merely replace the old definition but builds upon it by:

- Broadening the definition of infertility to include:
 - ◊ A licensed physician's findings based on medical, sexual, and reproductive history, age, physical findings, and diagnostic testing.
 - ◊ Inability to reproduce without medical intervention (including LGBTQ+ individuals and single persons).
 - ◊ Recurrent pregnancy loss.
 - ◊ Failure to establish or carry a pregnancy to live birth after regular, unprotected intercourse (12 months for those under 35, 6 months for those 35 and older).
- Mandating coverage for:
 - ◊ Diagnosis and treatment of infertility.
 - ◊ IVF, GIFT, ZIFT*.
 - ◊ Up to 3 completed oocyte retrievals per lifetime.
 - ◊ Unlimited embryo transfers.
 - ◊ Fertility preservation services when medically necessary.
 - ◊ Medically necessary prescription drugs.
 - ◊ No lifetime or annual dollar limits.
 - ◊ Non-discriminatory access regardless of gender, sexual orientation, or relationship status.

*SB 729 expands the previous mandate—it does not replace or remove existing covered procedures like GIFT and ZIFT

What's required for Small Group plans?

Carriers must offer at least one plan with the same infertility coverage as Large Group plans. **Employers** are **not** required to offer this plan to employees.

How is "infertility" defined under this law?

Infertility includes:

- Medical diagnosis by a physician
- Inability to conceive after 12 months (or 6 months if over age 35)
- Inability to reproduce without medical intervention
- Recurrent pregnancy loss (miscarriage)

SB 729 also removes prior exclusions for IVF coverage in fully insured plans.

Why does this matter for brokers?

- Fully insured Large Groups must comply starting January 2026
- Small Group options will include plans with expanded coverage
- Clients with self-funded or level-funded plans may ask how this affects them
- Brokers can support clients by reviewing options, explaining compliance, and identifying voluntary parity strategies

What other options do my groups have with the new infertility mandate taking effect in January 2026?

The mandate applies to fully insured plans in California. For some groups, level-funded plans may offer greater flexibility in tailoring coverage to meet specific needs. Warner Pacific can provide information on how the mandate may affect different plan types and partner with you to evaluate options and determine the best approach for your clients.

For questions or help navigating this change, contact your Warner Pacific Sales Consultant. We're here to help!