

Family Planning: Infertility Services

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[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	3
References	4
Policy History/Revision Information	4
Instructions for Use	5

Related Policies
None

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California Health and Safety Code (HSC) Section 1374.55, Coverage of Treatment for Infertility

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.55&lawCode=HSC

- (a) (1) A large group health care service plan contract, except a specialized health care service plan contract, that is issued, amended, or renewed on or after January 1, 2026, shall provide coverage for the 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 for Reproductive Medicine (ASRM), using single embryo transfer when recommended and medically appropriate.
- (2) A small group health care service plan contract, except a specialized health care service plan contract, that is issued, amended, or renewed on or after January 1, 2026, shall offer coverage for the diagnosis and treatment of infertility and fertility services. This paragraph shall not be construed to require a small group health care service plan contract to provide coverage for infertility services.
- (3) A health care service plan shall include notice of the coverage specified in this section in the plan's evidence of coverage.
- (b) For purposes of this section, "infertility" means a condition or status characterized by any of the following:
 - (1) A licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. This definition shall not prevent testing and diagnosis of infertility before the 12-month or 6-month period to establish infertility in paragraph (3).
 - (2) A person's inability to reproduce either as an individual or with their partner without medical intervention.
 - (3) The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. For purposes of this section, "regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having infertility.
- (c) The contract may not include any of the following:
 - (1) Any exclusion, limitation, or other restriction on coverage of fertility medications that are different from those imposed on other prescription medications.
 - (2) Any exclusion or denial of coverage of any fertility services based on a covered individual's participation in fertility services provided by or to a third party. For purposes of this section, "third party" includes an oocyte, sperm, or embryo donor, gestational carrier, or surrogate that enables an intended recipient to become a parent.
 - (3) Any deductible, copayment, coinsurance, benefit maximum, waiting period, or any other limitation on coverage for the diagnosis and treatment of infertility, except as provided in subdivision (a) that are different from those imposed upon benefits for services not related to infertility.

- (d) This section does not in any way deny or restrict any existing right or benefit to coverage and treatment of infertility or fertility services under an existing law, plan, or policy.
- (e) Consistent with Section 1365.5, coverage for the treatment of infertility and fertility services shall be provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. This subdivision shall not be construed to interfere with the clinical judgment of a physician and surgeon.
- (f) This section does not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), Chapter 8.75 (commencing with Section 14591), or Chapter 8.9 (commencing with Section 14700) of Part 3 of Division 9 of the Welfare and Institutions Code.
- (g) This section shall not apply to a religious employer, as defined in Section 1367.25.
- (h) This section shall not apply to a health care benefit plan or contract entered into with the Board of Administration of the Public Employees' Retirement System pursuant to the Public Employees' Medical and Hospital Care Act (Part 5 (commencing with Section 22750) of Division 5 of Title 2 of the Government Code) until July 1, 2027.
- (i) (1) Until January 1, 2027, the director may issue guidance regarding compliance with this section, and that guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).
- (2) The department shall consult with the Department of Insurance and stakeholders in issuing the guidance specified in paragraph (1).

California HSC Section 1374.551, Covered Treatments That May Cause Iatrogenic Infertility

http://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.551&lawCode=HSC

- (a) When a covered treatment may directly or indirectly cause iatrogenic infertility, standard fertility preservation services are a basic health care service, as defined in subdivision (b) of Section 1345, and are not within the scope of coverage for the treatment of infertility for the purposes of Section 1374.55.
- (b) For purposes of this section, the following definitions apply:
 - (1) "Iatrogenic infertility" means infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medical treatment.
 - (2) "May directly or indirectly cause" means medical treatment with a possible side effect of infertility, as established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.
 - (3) "Standard fertility preservation services" means procedures consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.
- (c) This section does not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), Chapter 8.75 (commencing with Section 14591), or Chapter 8.9 (commencing with Section 14700) of Part 3 of Division 9 of the Welfare and Institutions Code.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Infertility Services

California Small Groups

Coverage for infertility services is only available if purchased by the subscriber's employer group as a supplemental benefit. If the member's health plan includes an infertility services supplemental benefit, a supplement to the *Combined Evidence of Coverage and Disclosure Form* will be provided to the member. Refer to the Schedule of Benefits for any applicable coverage.

California Large Groups

Diagnosis of Infertility

- Includes but is not limited to:
 - Diagnostic surgery and biopsy
 - Physician services, including consultation and referral
 - Screening and diagnostic laboratory and imaging services
 - Semen analysis

Medically Necessary Treatment of Infertility

- Includes but is not limited to:
 - In vitro fertilization (IVF)
 - Procurement of donor semen, oocyte, and embryo
 - Three attempts to collect or retrieve sperm
 - Three completed oocyte retrievals
 - Surgery to treat infertility
 - Thawing of previously cryopreserved gametes, embryos, and tissues

Donor and Surrogate

- Includes but is not limited to:
 - Gamete and embryo transfer
 - Genetic testing and screening
 - Laboratory and imaging services

Cryopreservation

- Cryopreservation and storage of sperm, oocytes, and embryos for a period of at least five years from the time the genetic material is first cryopreserved

Fertility Preservation for Iatrogenic Infertility

Benefits are available for fertility preservation if **either** of the following statements is true:

- The member's physician has recommended the member receive a covered medical treatment that may cause infertility; and the physician recommends the member receive such treatment within the next 12 months and the member attests that the member plans to undergo such treatment in the next 12 months; or
- The member received a covered medical treatment that may cause infertility; the member's medical condition was such that the member was unable either to undergo fertility preservation or complete their fertility preservation cycle(s); and the member faces an ongoing risk for infertility due to reproductive damage caused by those treatments.

Services include the following procedures, when provided by or under the care or supervision of a physician:

- Collection of sperm
- Cryopreservation of sperm
- Ovarian stimulation, retrieval of eggs and fertilization
- Oocyte cryo-preservation
- Embryo cryo-preservation
- Benefits for medications related to the treatment of fertility preservation are provided as described under the outpatient prescription drug supplement or under pharmaceutical products
- Gonadal shielding or transposition during a procedure or treatment, if not already included in the usual coverage for that procedure or treatment
- Long-term storage costs related to iatrogenic infertility
 - Includes storage of sperm, oocytes, gonadal tissue, and embryos. Duration is based on the enrollee's age at the time of first preservation. All eligible individuals receive a minimum of 3 years of storage, with extended coverage up to age 26 for those who begin preservation before age 26.

Refer to the member's Explanation of Coverage (EOC) for further information.

Not Covered

- **California Small Groups:** Coverage for infertility services is only available if purchased by the subscriber's employer group as a supplemental benefit. If the member's health plan includes an infertility services supplemental benefit, a

supplement to the *Combined Evidence of Coverage and Disclosure Form* will be provided to the member. Refer to the Schedule of Benefits for any applicable coverage.

- Reversal of sterilization procedures.

References

DMHC All Plan Letter: Implementation of Senate Bill 729. [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL25-021-ImplementationofSenateBill729\(2024\)-REVISED\(2_23_2026\).pdf?ver=eQMnRO7gOZ4xMKqr0Onmdg%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL25-021-ImplementationofSenateBill729(2024)-REVISED(2_23_2026).pdf?ver=eQMnRO7gOZ4xMKqr0Onmdg%3d%3d).

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Covered Benefits <i>Infertility Services</i> California Large Groups</p> <ul style="list-style-type: none"> • Revised list of covered indications; added: <ul style="list-style-type: none"> ○ Diagnosis of infertility; includes but is not limited to: <ul style="list-style-type: none"> ▪ Diagnostic surgery and biopsy ▪ Physician services, including consultation and referral ▪ Screening and diagnostic laboratory and imaging services ▪ Semen analysis ○ Medically necessary treatment of infertility; includes but is not limited to: <ul style="list-style-type: none"> ▪ In vitro fertilization (IVF) ▪ Procurement of donor semen, oocyte, and embryo <ul style="list-style-type: none"> – Three attempts to collect or retrieve sperm – Three completed oocyte retrievals ▪ Surgery to treat infertility ▪ Thawing of previously cryopreserved gametes, embryos, and tissues ○ Donor and surrogate; includes but is not limited to: <ul style="list-style-type: none"> ▪ Gamete and embryo transfer ▪ Genetic testing and screening ▪ Laboratory and imaging services ○ Cryopreservation and storage of sperm, oocytes, and embryos for a period of at least five years from the time the genetic material is first cryopreserved <p><i>Fertility Preservation for Iatrogenic Infertility</i></p> <ul style="list-style-type: none"> • Revised coverage guidelines to indicate benefits are available for fertility preservation if either of the following statements is true: <ul style="list-style-type: none"> ○ The member's physician has recommended the member receive a covered medical treatment that may cause infertility, the physician recommends the member receive such treatment within the next 12 months, and the member attests that the member plans to undergo such treatment in the next 12 months ○ The member received a covered medical treatment that may cause infertility, the member's medical condition was such that the member was unable to either undergo fertility preservation or complete their fertility preservation cycle(s), and the member faces an ongoing risk for infertility due to reproductive damage caused by those treatments • Revised list of services covered when provided by or under the care or supervision of a physician: <ul style="list-style-type: none"> ○ Added "gonadal shielding or transposition during a procedure or treatment, if not already included in the usual coverage for that procedure or treatment" ○ Replaced "long-term storage costs (<i>for up to one year</i>) related to iatrogenic infertility" with "long-term storage costs related to iatrogenic infertility <i>includes storage of sperm, oocytes, gonadal tissue, and embryos; duration is based on the enrollee's age at the time of first preservation and all eligible individuals receive a minimum of 3 years of storage, with extended coverage up to age 26 for those who begin preservation before age 26</i>" ○ Added instruction to refer to the member's Explanation of Coverage (EOC) for further information <p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered items/services; removed:

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Cryopreservation of the fertilized embryos, unless for iatrogenic fertility preservation ○ Donor eggs ○ Donor sperm ○ Host uterus medical and hospital infertility services for a member whose fertility is impaired due to an elective sterilization, including surgery, medications, and supplies ○ Medical or hospital services incurred by surrogate mothers who are not UnitedHealthcare members ○ Oocyte preservation ○ Ovum transplants ○ Ovum or ovum bank charges ○ Sperm or sperm bank charges <p>California Small Groups</p> <ul style="list-style-type: none"> ● Added language (relocated from the <i>State Market Plan Enhancements</i> section of the policy) to indicate coverage for infertility services is only available if purchased by the subscriber's employer group as a supplemental benefit; if the member's health plan includes an infertility services supplemental benefit, a supplement to the <i>Combined Evidence of Coverage and Disclosure Form</i> will be provided to the member ● Added instruction to refer to the member's Schedule of Benefits for any applicable coverage <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added <i>References</i> section ● Archived previous policy version BIP067.R

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.