

2024 Oregon PPO Plus Fertility Treatment

Kaiser Permanente’s medical benefits cover diagnostic services for fertility for all members, and include consultation and evaluation of fertility status, diagnostic imaging and laboratory tests, as well as other medically necessary diagnostic services to determine if there is an underlying medical condition that may affect fertility.

This rider provides additional coverage for fertility treatment services including artificial insemination. We also have a prescription drug rider available for coverage of oral and injectable drugs used in fertility treatments. Some fertility treatment services and fertility drugs require prior authorization in order to be covered.

Members may choose to receive covered fertility treatment services from PPO providers or non-participating providers. PPO Providers include Kaiser Permanente providers; First Choice Health network providers in Oregon and Washington; First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and Washington, D.C.; and Cigna HealthcareSM PPO Network¹ providers in all other states. For more information, visit kp.org/choiceproducts/nw or contact Customer Service at **1-866-616-0047**.

Benefit options

Benefits for fertility treatment are subject to cost share and benefit limits. Recommended options are outlined below.

| Covered Benefit | Cost Share Options ^{2,3} |
|------------------------------|--|
| Fertility Treatment Services | <ul style="list-style-type: none"> ▪ 50% coinsurance after deductible ▪ Plan coinsurance after deductible |
| Fertility Prescription Drugs | <ul style="list-style-type: none"> ▪ 50% coinsurance after deductible ▪ Plan coinsurance after deductible ▪ Cost share applicable to the drug tier (<i>e.g. generic, preferred brand, non-preferred brand, specialty</i>) |

¹ The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration.

² Option available to have cost shares not subject to deductible. Cost shares are always subject to deductible on high deductible health plans (HDHP).

³ Cost share for services from out-of-network providers must be greater than or equal to the cost share for services from in-network providers.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare’s contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare Intellectual Property, Inc.

(continued)

Total Lifetime Benefit Maximum Options *

Groups may select one of the total lifetime benefit maximum options below.

- Unlimited – No lifetime benefit maximum
- \$15,000
- \$20,000
- \$25,000
- \$30,000
- \$35,000
- \$40,000

Within the total lifetime benefit maximum, groups may choose one of these pharmacy benefit maximum options.

- Unlimited – No lifetime pharmacy benefit maximum
- \$5,000
- \$10,000
- \$15,000

Recommended Benefit Maximum Combinations *

The total lifetime benefit maximum must be split between medical and pharmacy services. The portion of the benefit maximum that applies to medical and the portion that applies to pharmacy are combined to equal the total lifetime benefit maximum. Medical and pharmacy benefit maximums do not cross-accumulate. Here are some example combinations:

| Total Lifetime Maximum | Medical Services Maximum | Pharmacy Services Maximum |
|------------------------|--------------------------|---------------------------|
| \$15,000 | \$10,000 | \$5,000 |
| \$20,000 | \$15,000 | \$5,000 |
| \$25,000 | \$15,000 | \$10,000 |
| \$30,000 | \$20,000 | \$10,000 |
| \$35,000 | \$20,000 | \$15,000 |

* Lifetime benefit maximum applies to PPO provider and non-participating provider benefits combined.

(continued)

Fertility Treatment Services Exclusions

- The cost of donor semen, donor eggs, and services related to their procurement and storage (such as cryopreservation).
- Oral and injectable drugs prescribed for fertility treatment unless you have purchased an “Outpatient Prescription Drug Rider” that includes coverage for fertility drugs.
- Services related to conception by artificial means, such as in vitro fertilization (IVF), ovum transplants, gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT).
- Services to reverse voluntary, surgically induced infertility.
- Services may include both the individual and their partner; however, services are covered only for the person who is the member.

More Information

For more information about Fertility Services at Kaiser Permanente, including information about services that may require referral or prior authorization, visit the Fertility Services [FAQ](#) on kp.org.