

# CITY OF SACRAMENTO 2025 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
<b>Kaiser HMO \$25</b>		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination .....	\$25 copay per visit
	Assisted reproductive technology (“ART”) Services .....	Not Covered
<b>Kaiser HMO \$40</b>		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination .....	\$40 copay per visit
	Assisted reproductive technology (“ART”) Services .....	Not Covered
<b>Kaiser HMO ABHP</b>		
In-Network Benefits	Diagnosis and treatment of infertility and artificial insemination .....	Not Covered
	Assisted reproductive technology (“ART”) Services .....	Not Covered
<b>Sutter HMO \$25</b>		
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.	50% Coinsurance (Not applicable to Out-of-pocket maximum)
<b>Sutter HMO \$40</b>		
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.	50% Coinsurance (Not applicable to Out-of-pocket maximum)
<b>Sutter HMO ABHP</b>		
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.	Not Covered
<b>Western Health Advantage HMO \$25</b>		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	50% Coinsurance*
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	50% Coinsurance*
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	50% Coinsurance*
	• Medications for the treatment of Infertility.....	50% Coinsurance*
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	* Copayments for covered Infertility services do not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.
<b>Western Health Advantage HMO \$40</b>		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	50% Coinsurance*
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	50% Coinsurance*
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	50% Coinsurance*
	• Medications for the treatment of Infertility.....	50% Coinsurance*
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	* Copayments for covered Infertility services do not contribute to the annual out-of-pocket maximum of your medical plan with Western Health Advantage.
<b>Western Health Advantage HMO ABHP</b>		
In-Network Benefits	• Services and supplies for diagnosis and treatment of involuntary infertility.....	Not Covered
	• Artificial insemination (except for donor semen or eggs, and services and supplies related to their procurement and storage), subject to a maximum of one treatment period of up to three (3) cycles per Lifetime+.....	Not Covered
	• One Gamete Intra-Fallopian Transfer (GIFT) or In Vitro Fertilization per Lifetime+.....	Not Covered
	• Medications for the treatment of Infertility.....	Not Covered
	+“Lifetime” refers to services obtained during the member’s life, including services provided under any other health insurance or HMO.	

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).