

Keenan

Elk Grove Unified School District

Fertility Benefit Plan Comparison

	Current	Current	Current
Effective Date	1/1/2027	1/1/2027	1/1/2027
Carrier	Kaiser Permanente	Sutter Health Plan	WHA
Plan Name	HMO - \$30	HMO - \$30	HMO - \$30
Benefit Summary	Active & Early Retiree	Active & Early Retiree	Active & Early Retiree
Fertility Services			
Office Visit/Exam	\$30 copay PCP / \$30 copay SP	\$30 copay PCP / \$30 copay SP	\$30 copay PCP / \$30 copay SP
Outpatient Surgery and Outpatient Procedures	Facility Fee: \$30 copay per procedure Physician/Surgeon Fee: No Charge	Facility Fee: \$100 copay per visit Physician/Surgeon Fee: No Charge	Facility Fee: \$100 copay per visit Physician/Surgeon Fee: No Charge
Outpatient Imaging	\$10 copay per procedure	No Charge	No Charge
Outpatient Laboratory	\$10 copay per procedure	No Charge	No Charge
Hospital Inpatient Services (including room and board, drugs, imaging, laboratory, other diagnostic and treatment services, and plan physician services)	Facility Fee: No Charge Physician Surgeon Fee: No Charge	Facility Fee: No Charge Physician Surgeon Fee: No Charge	Facility Fee: No Charge Physician Surgeon Fee: No Charge
Infertility Diagnosis & Treatment	Covered	Covered	Covered
Fertility Specialist Consultation	Covered	Covered	Covered
Fertility Medications	Covered	Covered	Covered
Oocyte (Egg) Retrieval Limit	3 Lifetime Retrievals	3 Lifetime Retrievals	3 Lifetime Retrievals
Embryo Transfers	Unlimited	Unlimited (when medically appropriate)	Unlimited
Artificial Insemination	Covered	Covered	Covered
IVF/ART	Covered	Covered	Covered
Cryopreservation	Sperm, Oocytes & Embryos	Sperm, Oocytes, Gonadal Tissue & Embryos	Sperm, Oocytes & Embryos
Storage Duration	Up to 5 years	Up to 3 years	Covered (duration not specified)
Genetic Testing	Not Specifically Identified	Not Specifically Identified	Covered when medically necessary
Fertility Treatment Prescriptions			
Retail			
Generic	\$15 copay (Tier 1)	\$15 copay	\$10 copay
Brand (Formulary/Preferred)	\$35 copay (Tier 2)	\$25 copay	\$30 copay
Brand (Non-Formulary/Non-Preferred)	\$35 copay (Tier 3)	\$50 copay	\$50 copay
Specialty	\$100 copay (Tier 4)	10% up to \$100	\$100 copay
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Generic	\$30 copay (Tier 1)	\$30 copay	\$20 copay
Brand (Formulary/Preferred)	\$70 copay (Tier 2)	\$50 copay	\$60 copay
Brand (Non-Formulary/Non-Preferred)	\$100 copay (Tier 3)	\$100 copay	\$100 copay
Specialty	n/a	n/a	\$100 copay/30 day supply
Number of Days Supply	100 days	100 days	100 days

Note: Fertility services are subject to medical necessity requirements, referrals, prior authorization requirements, and plan limitations as determined by each carrier.