

	Current	Current	Current
Effective Date	1/1/2026	1/1/2026	1/1/2026
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 - Oocyte (egg) retrieval: maximum of three completed oocyte retrievals and unlimited embryo transfers per lifetime (when medically necessary) - Sperm collection and retrieval: up to three attempts (when medically necessary) - Cryopreservation and storage of sperm, oocytes, and embryos up to five years - Artificial Insemination (AI): includes intrauterine insemination (IUI) and intracervical insemination (ICI) related procedures - Assisted Reproductive Technology (ART): includes in vitro fertilization (IVF) and related procedures involving transfer/ implantation of oocyte/embryo	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
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	\$35 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)	\$70 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