

# 2026 Washington 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 to be covered.

Fertility treatment services are covered when received from PPO providers. PPO providers include Kaiser Permanente providers and direct contract providers; First Choice Health Network providers in Oregon, Washington, Hawaii, Idaho, Alaska, North Dakota, South Dakota and Wyoming; and First Health Network providers in all remaining states.

Visit **kp.org/choiceproducts/nw** or contact Customer Service at **1-866-616-0047** for more information.

## **Benefit options**

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

Covered Benefit	Cost Share Options*	
Fertility Treatment Services	<ul> <li>50% coinsurance after deductible</li> <li>Plan coinsurance after deductible</li> </ul>	
Fertility Prescription Drugs	<ul> <li>50% coinsurance after deductible</li> <li>Plan coinsurance after deductible</li> <li>Cost share applicable to the drug tier (e.g. generic, preferred brand, non-preferred brand, specialty)</li> </ul>	

<sup>\*</sup> Option available to have cost shares not subject to deductible. Cost shares are always subject to deductible on high deductible health plans (HDHP).

### **Total Lifetime Benefit Maximum Options**

Groups may choose from the following total lifetime benefit maximum options:

Unlimited – No lifetime benefit maximum

**\$15,000** 

**\$20,000** 

**\$20,000 \$25,000** 

**\$30,000** 

**\$35,000** 

**\$40,000** 

Within the total lifetime benefit maximum, groups may choose from the following 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. Due to Washington state's Essential Health Benefits (EHB), artificial insemination does NOT apply to the total lifetime benefit maximum. 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. See below for 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

#### 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.