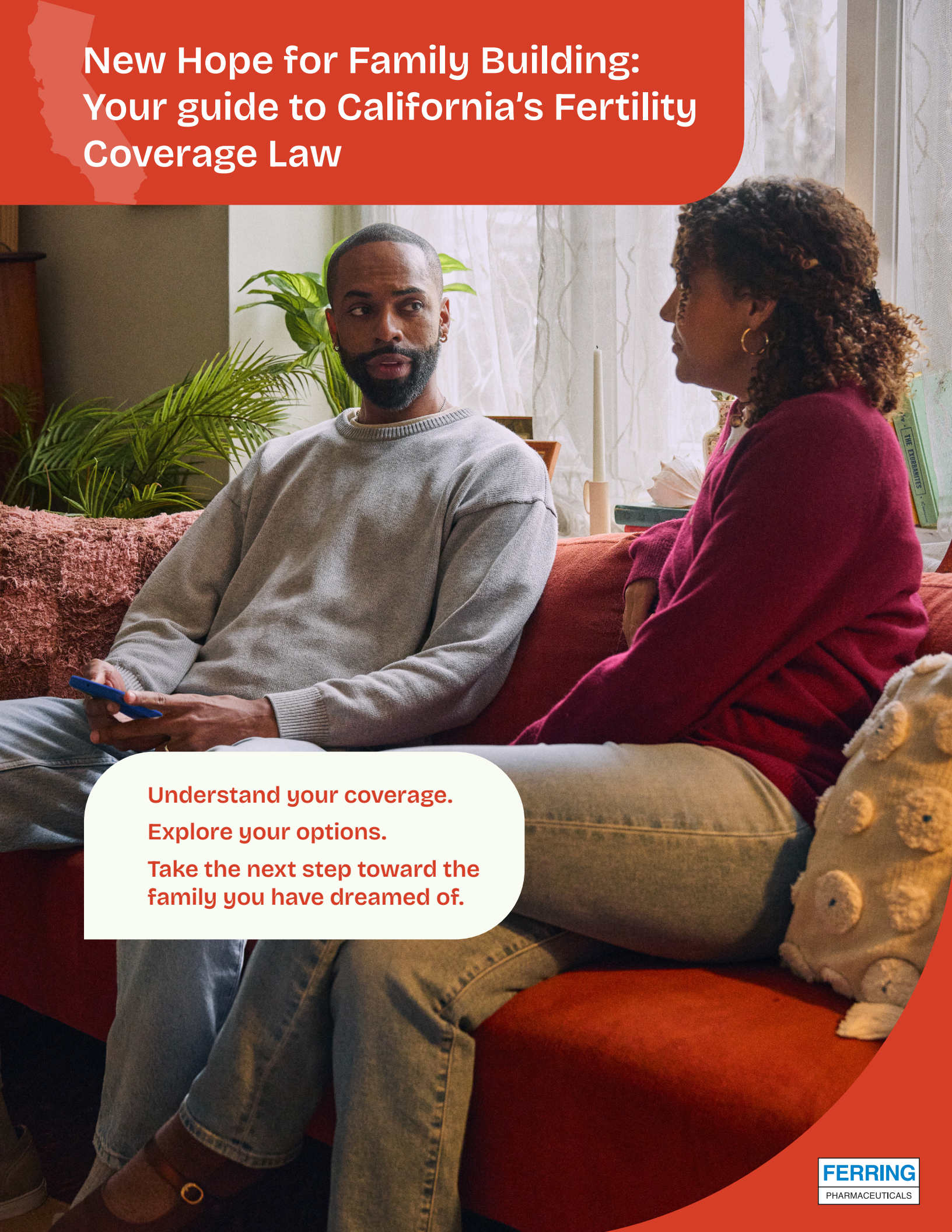


New Hope for Family Building: Your guide to California's Fertility Coverage Law



Understand your coverage.
Explore your options.
Take the next step toward the
family you have dreamed of.

Welcome to a New Chapter in Fertility Care

California's new fertility law (SB 729) will expand access to in vitro fertilization (IVF) and other fertility treatments helping more people and families receive the care they deserve.

Whether you're considering if fertility treatment is right for you, exploring IVF, or planning for the future, this guide will help you understand what's covered, what's changing and how to make the most of your insurance benefits so you can pursue your family building goals.

UNDERSTANDING CALIFORNIA'S FERTILITY COVERAGE LAW

Beginning January 1, 2026, many large group health insurance plans in California will be required to cover fertility diagnosis and treatment, including IVF.

This new law broadens access to fertility care and expands the definition of infertility to better reflect the experience of today's families. That means more people may now qualify for coverage.

WHO IS COVERED?

The law applies to large group insurance plans that:

- Cover more than 100 employees
- Are fully insured (not self-funded)
- The employer's headquarters and the health plan offered are located in California

TIP: Check with your Human Resources team to see if your employer's plan qualifies under SB 729.

WHAT THE LAW COVERS

It requires eligible health plans to cover:

- **Fertility diagnosis and treatment**, including IVF
- **Up to three completed egg retrievals**
- **Unlimited embryo transfers** (as medically necessary)
- **Medications and related services that support fertility care**

UPDATED DEFINITION OF INFERTILITY:

Infertility may now be diagnosed by a physician based on:

- Medical, sexual or reproductive history
- Age and physical findings
- Diagnostic testing
- The inability to reproduce without medical intervention

TIP: This inclusive definition is intended to help single parents by choice and LGBTQ+ families access fertility care.

How to Check if You are Eligible

HOW TO CHECK YOUR BENEFITS

Use this step-by-step script when calling your insurance provider:

- Call the member services number on your insurance card
- Ask if your plan is fully insured or self-funded
- Confirm your coverage for infertility diagnosis and treatment (detailed questions below)
- Ask about deductibles, co-pays, and out-of-pocket maximums

TIP: Always request a contact name, phone number and reference number for your call.

QUESTIONS TO ASK ABOUT COVERAGE

- Which fertility treatments are covered?
- Are there specific guidelines for the treatments covered?
- Is elective fertility preservation (e.g., prior to cancer treatment) covered?
- If applicable, how are donor eggs, sperm or embryos covered?
- If applicable, how is surrogacy covered?
- Is cryopreservation and long-term storage covered?
- Is there a limit to the number of cycles covered under my policy?
- Are there age-related restrictions?
- Is cryopreservation (freezing of eggs, sperm or embryos) covered?
- Is long-term storage of frozen eggs, sperm or embryos covered?
- Are there any exclusions I should know about (for example, surrogacy/gestational carrier related coverages)?

PHARMACY BENEFITS

Confirm the method that your insurance covers fertility medications and ask the following questions.

Questions to ask about your prescription coverage.

- Does your insurance cover fertility medications?
- Do you have a maximum spend for fertility medications?
- Are there limits on the number of cycles?
- Do I need to use a specialty pharmacy?

TIP: Asking the right questions will help inform your treatment decision.

If your pharmacy benefits are through a different company, ask the following questions:

- What is my prescription plan number?
- What is the phone number where I can check my pharmacy benefits?

Fertility Coverage Checklist

1. Call Your Insurance Provider

- ☐ Confirm infertility and IVF coverage under your plan.

2. Verify Coverage Details

- ☐ Confirm coverage for diagnostic tests, IVF, ICSI, embryo transfers.
- ☐ Confirm up to 3 egg retrievals are covered.
- ☐ Ask about coverage of fertility medications and related treatments.

3. Understand Cost Sharing

- ☐ Confirm deductibles, copays, coinsurance, and out-of-pocket maximums for fertility care.

4. Ask About Coverage Inclusivity (if applicable)

- ☐ Coverage regardless of marital status, gender identity, sexual orientation, or third-party reproduction.

5. Inquire About Preauthorization

- ☐ Does fertility treatment require pre-approval or referrals? If so, confirm the steps in the process.

6. Get Infertility Network Information

- ☐ Ask for a list of covered fertility clinics and check whether your clinic is in-network.

7. Clarify Coverage Limits

- ☐ Ask about any lifetime or annual treatment maximums.

8. Know Your Rights

- ☐ Ask for appeal rights and processes if treatment is denied.

9. Write Down Reference Info

- ☐ Record the insurance representative's name, contact info, and reference number for future use.

APPEALS AND SUPPORT

- If coverage is denied, ask about the appeals process
- You may also request help from a case manager or fertility benefits coordinator through your insurance plan

TIP: Don't give up if you receive a denial – appeals can be successful.

WHERE TO FILE A COMPLAINT

Scan this QR code to visit the **Department of Managed Health Care** (DMHC) website



Scan this QR code to visit the **Department of Insurance** website

