

## 2024 Washington Dual Choice PPO™ Fertility Treatment (includes Assisted Reproductive Technology services)

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 related to conception by artificial means, including artificial insemination, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT). 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 in order to be covered.

Members may choose to receive covered fertility treatment services from in-network providers or out-of-network providers. In-network providers include Kaiser Permanente providers; First Choice Health network providers in Oregon and Washington; and First Health Network providers in all other states. For more information, visit [kp.org/choiceproducts/nw](https://kp.org/choiceproducts/nw) or contact Customer Service at **1-866-616-0047**.

### 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 style="list-style-type: none"><li>50% coinsurance after deductible</li><li>Plan coinsurance after deductible</li></ul>
Fertility Prescription Drugs	<ul style="list-style-type: none"><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>

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

(continued)

### Total Lifetime Benefit Maximum Options \*

Groups may choose one of these total lifetime benefit maximum options.

- \$15,000
- \$20,000
- \$25,000
- \$30,000
- \$35,000
- \$40,000

Within the total lifetime benefit maximum, groups may choose one of these pharmacy benefit maximum options.

- \$5,000
- \$10,000
- \$15,000

### Recommended Benefit Maximum Combinations \*

The total lifetime benefit maximum must be split between medical and pharmacy services. 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. Here are some example combinations:

Total Lifetime Maximum	Medical Services Maximum	Pharmacy Services Maximum
<b>\$15,000</b>	\$10,000	\$5,000
<b>\$20,000</b>	\$15,000	\$5,000
<b>\$25,000</b>	\$15,000	\$10,000
<b>\$30,000</b>	\$20,000	\$10,000
<b>\$35,000</b>	\$20,000	\$15,000

\* Lifetime benefit maximum applies to in-network and out-of-network benefits combined.

### 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 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.

### More Information

For more information about Fertility Services at Kaiser Permanente, including information about services that may require referral or prior authorization, visit the Fertility Services [FAQ](#) on kp.org.

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. Please see your *Evidence of Coverage (EOC)* for complete details of benefits as well as exclusions and limitations. In the event of a conflict between this summary and the *EOC*, the *EOC* will control.