OEBB Fertility Benefits Comparison

Category, Service, Treatment	Kaiser	Moda
Eligibility for treatment	All eligible members. No infertility diagnosis required. Coverage is subject to Utilization Review. Certain services are excluded. • Services for members who have undergone voluntary sterilization • Reversal of voluntary sterilization • Donor compensation for time and efforts, including services for unenrolled surrogate mothers • Freezing or storage of eggs or sperm except as noted below • Oral and injectable drugs expect those included in the Drug Rider	All eligible members. No infertility diagnosis required. Certain services are excluded. • Reversal of voluntary sterilization • In-vitro fertilization (IVF) and other advanced reproductive services • Donor compensation for time and efforts, including services for unenrolled surrogate mothers • Freezing or storage of eggs or sperm except as noted below

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Benefit	• Consultation and office visits for diagnostic services: 50% after deductible • Diagnostic imaging and laboratory tests: 50% after deductible • Fertility treatment services: 50% after deductible up to a lifetime benefit maximum of $15,000. • Fertility drugs: 50% for up to a 30-day supply, subject to a lifetime benefit maximum of $10,000.	• Diagnosis and surgery: 25% after in-network deductible; 50% after out-of-network deductible • Ovulation and Intrauterine Insemination (IUI): 50% after in-network deductible; 50% after out-of-network deductible. Subject to a $15,000 lifetime benefit maximum. • Infertility medications: 25% in-network; 50% out-of-network. Subject to a $10,000 lifetime benefit maximum (unless member has an infertility diagnosis or surgery).
Out-of-network coverage available	No	Yes—out-of-network fertility services are covered at 50% and coinsurance accrues towards the out-of-network out-of-pocket maximum and lifetime benefit maximum.

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Assisted Reproductive Technology (ART)		
Evaluation by a reproductive endocrinologist or infertility specialist, including counseling and consultation	Yes	Yes
Studies and tests to diagnose infertility	Yes	Yes
Sperm collection and processing	Yes	Yes
Alternative procedures for sperm sourcing (e.g., testis biopsy)	Yes	Yes
Drug therapy related to fertility treatment	Yes	Yes
Lab monitoring for ovulation induction cycles (timed intercourse)	Yes	Yes
Ovulation Induction	Yes—superovulation medicine to increase number of available eggs.	Yes
Artificial Insemination (AI), Intrauterine Insemination (IUI)	Yes	Yes
In Vitro Fertilization (IVF)	Yes	Not covered

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Cycles of IUI required prior to obtaining access to IVF benefit	N/A	N/A
Zygote Intrafallopian Transfer (ZIFT)	Yes	Not covered
Gamete Intrafallopian Transfer (GIFT)	Yes	Not covered
Frozen Embryo Transfer	Not covered	Not covered
Intracytoplasmic Sperm Injection (ICSI)	Yes, when medically necessary	Not covered
Assisted Hatching	Yes, when medically necessary	Yes
Use of Donor Tissue and/or Surrogacy		
Costs related to obtaining donor egg, donor sperm, or donor embryo (e.g., agency fees, donor egg cycle costs, shipping fees)	Not covered	Not covered
Storage of donor semen, donor eggs, and donor embryos prior to use	Not covered	Not covered
Eggs or sperm sourcing from intended parents for use with donor material	Not covered	Yes

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Creation of an embryo when using donor material in conjunction with eggs or sperm from an intended parent (including same sex male couples)	Not covered	Yes
Creation of an embryo using both donor egg and donor sperm	Not covered	Yes
Screening and Genetic Testing		
PGT-M and PGT-SR	Not covered	Yes
PGT-A	Not covered	Yes
Genetic screenings for parents (e.g., carrier screenings, chromosome analysis)	Covered genetic testing services are limited to preconception and prenatal testing for detection of congenital and heritable disorders and testing for the prediction of high-risk occurrence or reoccurrence of disease when medically necessary. These services are subject to utilization review.	Chromosomal analysis only covered with medical necessity. Carrier screenings not covered.

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Fertility Preservation		
Medically necessary fertility preservation	Covered only when planned medical treatment is likely to produce infertility or sterility (including gender affirming care).	Covered only when there is a diagnosis of cancer and prior to any cancer treatment.
Storage of frozen tissue with medical necessity	Covered only when planned medical treatment is likely to produce infertility or sterility. (including gender affirming care).	Covered only when there is a diagnosis of cancer and prior to any cancer treatment.
Elective fertility preservation and storage	Not covered	Not covered
Pharmacy Coverage		
Benefit Maximum	$10,000 lifetime maximum for infertility medications. Covered under the pharmacy benefit and therefore not subject to the medical deductible.	$10,000 lifetime maximum for infertility medications. Covered under the pharmacy benefit and therefore not subject to the medical deductible.
Prior authorization required for treatment	No	No
Out of network benefits available	No	Yes, out of network claims must be submitted via paper reimbursement request.

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Same-day medication shipping	Yes, no additional cost for members.	Yes, no additional cost for members.
Formulary	Nonformulary drugs are not covered. However, if a provider identifies a drug that is medically necessary, the provider can request an exception.	Formularies can be modified quarterly. Please outreach to Moda to understand which drugs are currently covered.