

PEBB Fertility Benefits Comparison

Category, Service, Treatment	Kaiser	Moda	Providence
Eligibility for treatment	<p>All enrolled adult members. No infertility diagnosis required.</p> <p>Members who have undergone voluntary sterilization are excluded.</p>	<p>All enrolled members. No infertility diagnosis required.</p> <p>Members who have undergone voluntary sterilization are excluded.</p>	<p>All enrolled members. No infertility diagnosis required.</p> <p>Members who have undergone voluntary sterilization are excluded.</p>
Benefit Maximum	<p>\$25,000 Medical fertility maximum per enrolled individual per year</p> <p>Unlimited Rx</p>	<p>\$25,000 Medical fertility maximum per enrolled individual per year</p> <p>6-cycle limit for IUI</p> <p>Unlimited Rx</p>	<p>1+1 Smart Cycle Annually, inclusive of pharmacy medications</p>
Out-of-network coverage available	No	<p>Yes</p> <p>ART and AI coverage at out-of-network facilities is covered at 100%. All other OON fertility services are covered at 50% and coinsurance does not apply to the out-of-pocket maximum</p>	<p>If there are no In-Network providers in a member's geographic area, Progyny will work with an Out-of-Network provider on behalf of the member to provide services.</p>

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Assisted Reproductive Technology (ART)			
Evaluation by a reproductive endocrinologist or infertility specialist, including counseling and consultation	Yes	Yes	Yes
Studies and tests to diagnose infertility	Yes	Yes	Yes
Sperm collection and processing	Yes	Yes	Yes
Alternative procedures for sperm sourcing (e.g., Testis Biopsy)	Yes	Yes	Yes
Drug therapy related to fertility treatment	Yes	Yes	Yes
Lab monitoring for ovulation induction cycles (timed intercourse)	Yes	Yes	Yes
Ovulation Induction	Yes	Yes	Yes
Artificial Insemination (AI), Intrauterine Insemination (IUI)	Yes	Yes	Yes
In Vitro Fertilization (IVF)	Yes	Yes	Yes

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Cycles of IUI required prior to obtaining access to IVF benefit	4; members can bypass with medical necessity include impending iatrogenic infertility, absence of non-patent fallopian tube, poor ovarian reserve/poor prognosis, etc.	N/A	N/A
ZIFT	Yes	Yes	Yes
GIFT	Yes	Yes	Yes
Frozen Embryo Transfer	Yes	Yes	Yes
Freeze All Cycle	Yes	Yes	Yes
Cryopreservation, storage, and thawing of semen and embryos during IVF cycle	Yes	Yes	Yes
ICSI	Yes	Yes	Yes
Assisted Hatching	Yes	Yes	Yes

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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	Yes	Yes
Storage of donor semen, donor eggs, and donor embryos prior to use	Yes	Yes	Yes
Eggs or sperm sourcing from intended parents for use with donor material	Yes	Yes	Yes
Creation of an embryo when using donor material in conjunction with eggs or sperm from an intended parent (including same sex male couples)	Yes	Yes	Yes
Creation of an embryo using both donor egg and donor sperm	Yes	Yes	Yes
Cryopreservation and thawing included as part of fertility treatment with donor tissue	Yes	Yes	Yes

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Screenings and Genetic Testing			
PGT-M and PGT-SR	Yes	Yes	Yes
PGT-A	No	Yes	Yes
Genetic screenings for parents (e.g., carrier screenings, chromosome analysis)	Carrier screenings covered Chromosomal analysis only covered with medical necessity	Carrier screenings not covered. Chromosomal analysis only covered with medical necessity	Yes
Fertility Preservation			
Medically necessary fertility preservation	Covered for individuals presumed to be fertile but who have planned therapies (chemotherapy, pelvic radiotherapy, other gonadotoxic therapies, ovarian or testicular removal. Not covered for members with planned gender affirmation treatment.	Covered	Covered for individuals presumed to be fertile but who have planned therapies including chemotherapy, pelvic radiotherapy, other gonadotoxic therapies, ovarian or testicular removal, and planned gender affirmation treatment.
Storage of frozen tissue with medical necessity	Yes	Yes, unlimited storage	Yes, unlimited storage
Elective fertility preservation and storage	Not covered	Covered	Covered

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Pharmacy Coverage			
Benefit Maximum	No pharmacy benefit maximum	No pharmacy benefit maximum	No pharmacy benefit maximum
Prior authorization required for treatment	Not from Kaiser providers	Yes, lasts 12 months	Yes, lasts 12 months
Out of network benefits available	No	Yes, out of network claims must be submitted via paper reimbursement request	If there are no In-Network providers in a member's geographic area, Progyny will work with an Out-of-Network provider on behalf of the member to provide services.
Same-day medication shipping	Yes, no additional cost for members	Yes, no additional cost for members	Yes, no additional cost for members
Formulary	Formularies can be modified at any time by carriers. Please outreach your specific carrier to understand which drugs are covered.		