VCHCP
Infertility Treatment and Fertility Services
Plan Year 2027

Effective December 20, 2026, the Plan shall cover the diagnosis and treatment of infertility and medically necessary fertility services consistent with established medical practices and the most current professional guidelines for the diagnosis and treatment of infertility as published by the American Society for Reproductive Medicine (ASRM).

Any medical necessity determination or the utilization review criteria applied by the health plan or any entity acting on the health plan's behalf to determine the medical necessity of infertility services must be consistent with established medical practices and the most current professional guidelines as established by ASRM.

Services to Diagnose Infertility

- Physician services, including consultation and referral
- Physical examination
- Genetic evaluation
- Screening and diagnostic laboratory and imaging services
- Semen analysis
- Tubal evaluation and uterine evaluation
- Sperm DNA fragmentation analysis
- Hormone testing
- Ovulation testing
- Thyroid function testing
- Ovarian reserve testing
- Diagnostic surgery and biopsy
- Any other services to diagnose infertility consistent with the established medical practices and the most current professional guidelines published by ASRM

Fertility Services to Treat Infertility

- At least three attempts to collect or retrieve sperm
- At least three completed oocyte retrievals
- Procurement of donor semen, oocyte and embryo
- Physician services, including consultation and referral
- Surgery to treat infertility
- Medication to treat infertility
- Reproductive counseling
- Genetic counseling
- Genetic testing and screening
- Laboratory and imaging services
- Infectious disease screening and testing
- Medication to induce ovulation
- Intrauterine insemination
- Intracervical insemination
- Preimplantation genetic testing
- In vitro maturation
- In vitro fertilization
- Intracytoplasmic sperm injection
- Ovarian tissue reimplantation
- Embryo biopsy
- Assisted hatching
- Thawing of previously cryopreserved gametes, embryos, and tissues
- Unlimited embryo transfers, using single embryo transfers in accordance with section 1374.55(a)(1)
- Any other fertility services to treat infertility consistent with the established medical practices and the most current professional guidelines published by ASRM

Donor, Donor Material, and Surrogate Services

- Laboratory and imaging services
- Genetic testing and screening
- Infectious disease screening and testing
- Medication to induce ovulation
- Retrieval of donor gametes subject to the limitations specified in section III.2.a-b above.
- Gamete and embryo transfer
- Any other medically necessary infertility and fertility services, as specified in section III.2 above, to enable the member to become a parent using donor gametes, donor embryos, and surrogate services

Cryopreservation: For large group health plan products, cryopreservation and storage of sperm, oocytes, and embryos for a period of at least five years from the time the genetic material is first cryopreserved. [1]

Lifetime Limits

VCHCP may impose a lifetime limit on the attempts to collect and retrieve sperm and oocytes, so long as that limit is not less than three attempts. The plan may also impose a lifetime limit on cryopreservation, so long as that limit is not less than five years. Health plans may not impose lifetime limits on members in small group coverage. Services provided to a member by a small group product or by any other type of health plan product apart from a large group product regulated by the DMHC (e.g., a self-insured employer plan, insurance plan regulated by another state) shall not be counted towards the allowable large group lifetime limits.

Surrogacy

A member using the services of a surrogate to treat the infertility of the member, in addition to coverage of the above-described services, shall cover medically necessary health testing of the surrogate, as necessary, for each attempt collect eggs or sperm or to create embryos, and for each attempt to achieve a pregnancy with that material.

The member's health plan shall not be responsible for health care costs of the surrogate after the embryo transfer procedure, including maternity services, except as required under the terms of the surrogate's health plan contract.

Fertility Preservation Services

The member's health plan covers "standard fertility preservation services," as defined to treat iatrogenic infertility.