Kaiser Permanente PSHB Infertility Coverage

At Kaiser Permanente, we are committed to providing equitable, compassionate, and high-quality care. This document summarizes the infertility coverage for the Kaiser Permanente Postal Service Health Benefits (PSHB) Program.

Fertility services

As a Kaiser Permanente PSHB member, your team of specialists and care coordinators works with you to develop a personalized treatment plan in support of building your family.

Covered services [1]

When medically necessary for the treatment of infertility, coverage for PSHB members in all markets includes the following:

- Laboratory, radiology, and imaging tests and procedures
- Fertility surgeries
- Intravaginal insemination (IVI)
- Intracervical insemination (ICI)
- Intrauterine insemination (IUI)
- Semen analysis
- Hysterosalpingogram
- Hormone evaluation
- Fertility drugs (including drugs for in vitro fertilization)[2]

New for 2026

Mid-Atlantic States

- Assisted Reproductive Technologies (ART)
- Embryo transfer

Colorado

- In Vitro Fertilization (IVF) services are limited to three attempts per live pregnancy

California

- Cost-sharing is no greater than for other illnesses or conditions
- Oocyte retrievals, up to 3 attempts per calendar year
- Transfers of fresh and cryopreserved embryo(s)
- Cryopreservation and one-time storage up to 6 months of embryos related to a covered treatment cycle
- Gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT)
- Prescription drugs at the prescription drug tier cost share

Kaiser Permanente PSHB
Infertility Coverage

We define **infertility** as the inability of an individual to conceive or produce conception during a period of 1 year if the female is age 35 or younger, or during a period of 6 months if the female is over the age of 35 or having a medical or other demonstrated condition that is recognized by a Plan physician as a cause of infertility.[3]

1 Hawaii members are covered for in vitro fertilization (IVF): One IVF procedure per lifetime (for individuals who qualify under Hawaii law).

2 For in vitro fertilization only, fertility drugs prescribed by non-Plan providers are covered when obtained at Plan pharmacy.

3 A Plan Physician's determination of infertility is based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.

For more information, please contact Member Services and refer to the market's Postal Plan brochure. This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Plan's Postal brochure (Northern California RI 73-921; Fresno California RI 73-919; Southern California RI 73-923; Colorado RI 73-918; Georgia RI 73-926; Hawaii RI 73-920; Maryland, Virginia, Washington D.C. RI 73-927; Oregon, Southwest Washington RI 73-922; Washington Core RI 73-924; Washington Options Federal RI 73-925). All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Plan brochure.

Learn more at **kp.org/postal**

KAISER PERMANENTE®