Enhanced Fertility Services Amendment

Kaiser Foundation Health Plan, Inc., Northern and Southern California Regions ("Health Plan") is amending non-Medicare *Evidence of Coverage* (*"EOC"*) documents in your Group's *Group Agreement(s) ("Agreements")* effective on or after July 1, 2025, upon renewal, to include enhanced fertility services, in accord with the "Amendment of *Agreement*" section of your *Agreements*. In accord with Medicare rules, Members with Kaiser Permanent Senior Advantage when Medicare is secondary coverage have the same coverage as active employees.

All amendments are deemed accepted by your Group unless your Group gives Health Plan written notice of nonacceptance within 15 days after the date of this amendment notice, in which case this *Agreement* will terminate pursuant to "Termination Due to Nonacceptance of Amendments" in the "Termination of *Agreement*" section of your *Group Agreement*.

In accord with "Member Information" in the "Miscellaneous Provisions" section of your *Group Agreement*, Group must inform Subscribers of this coverage change in its next regular communication to them, but in no event later than 30 days after Group receives the information.

Note: Some capitalized terms in this "Enhanced Fertility Services Amendment" have special meaning. Please see the "Definitions" section of an *EOC* in your *Group Agreement* for terms you should know. In this document "non-Medicare *EOCs*" means all *EOCs* other than Kaiser Permanente Senior Advantage *EOCs*.

The description of coverage for fertility services in the "Benefits" section has been revised as shown on the following page.

EOC Addendum

The changes in this addendum are incorporated into your 2025 Evidence of Coverage and Disclosure Form ("*EOC*"). These changes to your *EOC* are effective on or after July 1, 2025, upon renewal.

The description of coverage for fertility services in the "Benefits" section has been revised as follows:

Fertility Services

"Fertility Services" means treatments and procedures to help you become pregnant. We cover the following Fertility Services:

- Diagnosis and treatment of Infertility
- Artificial insemination
- Up to three oocyte retrievals per lifetime
- Cryopreservation and one-time storage up to 6 months of embryos related to a covered treatment cycle
- Transfer of fresh and cryopreserved embryo(s)

If you reach the lifetime maximum for oocyte retrievals, we will not cover any Services related to additional oocyte retrievals including prescription drugs.

Before starting or continuing a course of fertility Services, you may be required to pay initial and subsequent deposits toward your Cost Share for some or all of the entire course of Services, along with any past-due fertility-related Cost Share. Any unused portion of your deposit will be returned to you. When a deposit is not required, you must pay the Cost Share for the procedure, along with any past-due fertility-related Cost Share, before you can schedule a fertility procedure.

For the following Services, refer to these sections

- Fertility preservation Services for iatrogenic Infertility (refer to "Fertility Preservation Services for Iatrogenic Infertility")
- Diagnostic Services provided by Plan Providers who are not physicians, such as EKGs and EEGs (refer to "Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services")
- Outpatient drugs, supplies, and supplements (refer to "Outpatient Prescription Drugs, Supplies, and Supplements")
- Outpatient administered drugs (refer to "Administered Drugs and Products")

Fertility Services exclusions

- Reversal of surgical sterilization originally performed for family planning purposes
- Services related to the procurement, cryopreservation, and storage of semen and eggs, except if the retrieval is part of your covered Fertility Services
- Services related to the procurement, cryopreservation, and storage of embryos, except for storage of embryos that is part of your covered Fertility Services

If an *EOC* previously excluded Fertility Services, the following exclusions under "Outpatient Prescription Drugs, Supplies, and Supplements" in the "Benefits" section have been deleted:

- All drugs, supplies, and supplements for diagnosis and treatment of Infertility or related to artificial insemination
- All drugs, supplies, and supplements related to assisted reproductive technology ("ART") Services

The "Fertility Services" table in the "Cost Share Summary" has been revised to indicate that Members will have the same Cost Share for Fertility Services as they do when they receive those services for other conditions. Copayments, Coinsurance, and payments toward the Plan Deductible, if applicable, will apply to the Plan Out-of-Pocket Maximum ("OOPM").

Fertility Services

Description of Fertility Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Office visits	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition
Outpatient surgery and outpatient procedures (including imaging and diagnostic Services) when performed in an outpatient or ambulatory surgery center or in a hospital operating room, or any setting where a licensed staff member monitors your vital signs as you regain sensation after receiving drugs to reduce sensation or minimize discomfort (oocyte retrievals limited to three per lifetime)	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition
Any other outpatient surgery that does not require a licensed staff member to monitor your vital signs as described above	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition
Outpatient imaging	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition
Outpatient laboratory	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition
Hospital inpatient Services (including room and board, drugs, imaging, laboratory, other diagnostic and treatment Services, and Plan Physician Services)	Cost Share you would pay if the Services were to treat any other condition	Same as if the Services were to treat any other condition	Same as if the Services were to treat any other condition

The "Fertility and sexual dysfunction drugs" table under "Outpatient Prescription Drugs, Supplies, and Supplements" in the "Cost Share Summary" has been revised to indicate that Members will have the same cost share for drugs prescribed in connection with covered Fertility Services as they do when the drugs have been prescribed for other conditions.

Copayments, Coinsurance, and payments toward the Plan Deductible or Drug Deductible, if applicable, will apply to the Plan Out-of-Pocket Maximum ("OOPM") or Drug OOPM, if applicable.

Fertility and sexual dysfunction drugs

Description of Fertility and Sexual Dysfunction Drugs	Cost Share at a Plan Pharmacy	Cost Share by Mail	Subject to Deductible	Applies to OOPM
Drugs on Tier 1 prescribed in connection with covered Fertility Services	Cost Share for drugs on Tier 1 in the "Most items" table	Cost Share for drugs on Tier 1 in the "Most items" table	Same as Tier 1 in the "Most items" table	Same as Tier 1 in the "Most items" table
Drugs on Tier 2 prescribed in connection with covered Fertility Services	Cost Share for drugs on Tier 2 in the "Most items" table	Cost Share for drugs on Tier 2 in the "Most items" table	Same as Tier 2 in the "Most items" table	Same as Tier 2 in the "Most items" table
Drugs on Tier 4 prescribed in connection with covered Fertility Services	Cost Share for drugs on Tier 4 in the "Most items" table	Cost Share for drugs on Tier 4 in the "Most items" table	Same as Tier 4 in the "Most items" table	Same as Tier 4 in the "Most items" table