



SB 729 Fertility and Infertility Coverage

Frequently Asked Questions

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General

1. What is SB 729?

California Senate Bill 729 expands access to fertility coverage for Fully Insured employer groups in the Small and Large Group Lines of Business.

It requires Large Group plans to provide coverage for the diagnosis and treatment of infertility and fertility services including covering 3 completed oocyte retrievals and unlimited embryo transfers for plans issued or renewed on or after the effective date. It requires Small Group plans to offer coverage for the diagnosis and treatment of infertility and fertility services for plans issued or renewed on or after the effective date.

On June 30, 2025, Governor Newsom officially signed AB 116 which includes a provision delaying the effective date for SB 729 from the original effective date of July 1, 2025, to January 1, 2026.

2. Who does it apply to?

Fully Insured and Flex-Funded Small Business, Mid Market, and Premier Groups

Please Note: This does NOT apply to Self-Funded, ASO, however, these groups may offer the same coverage as required for Fully Insured groups

3. What is the compliance date?

On June 30, 2025, Governor Newsom officially signed AB 116 which includes a provision delaying the effective date for SB 729 from the original effective date of July 1, 2025, to January 1, 2026.

Small Business

Small Business Coverage

4. Can Small Business groups opt out?

Small Business groups may choose to offer coverage for fertility services (opt in). Blue Shield will offer a version of each medical plan with corresponding fertility benefits providing the required fertility coverage in compliance with this mandate. **Please note:** IVF is excluded from coverage. This approach is consistent with the requirements of SB 729 and was approved by the Department of Managed Health Care.

5. What is the cost-share for the services required under SB 729?

The mandate provides that cost shares or other limitations applied to the coverage of the diagnosis and treatment of infertility must not differ from those applied to benefits for services not related to infertility.

6. My group currently offers certain reproductive benefits, can they maintain those benefits?

Yes, the reproductive benefits currently offered by some Small Business groups, will still be available, however, the cost share may change.

7. Will there be updated plan documents and an endorsement sent to Small Group members?

Plan documents will be updated for Small Business groups that select the Assisted Reproductive Technology rider, however, there will not be an endorsement for Small Business groups.

Large Group – Fully Insured

Large Group Fully Insured Coverage

8. What happens to Large Group coverage as a result of the compliance date extension?

Large Groups can expect changes to fertility coverage as outlined in SB 729 to take effect on or after January 1, 2026, upon new issuance or renewal. There will be a corresponding adjustment in rates to reflect the change in benefits.

9. Can groups opt out of the requirements of SB 729?

In the Fully Insured Large Group space, only religious employers who meet the definition of a religious employer under the California Health and Safety Code Section 1367.25 can opt out of providing this coverage.

All other Fully Insured Large Group employers cannot opt out and are required to provide coverage for the diagnosis and treatment of infertility and fertility services, including a maximum of 3 completed oocyte retrievals (egg retrievals) with unlimited embryo transfers, using single embryo transfer when recommended and medically appropriate.

While ASO groups are not required to provide this coverage, they will have the ability to opt in and embed the same coverage as required for Fully Insured offerings.

10. What is the cost-share for the services required under SB 729?

The mandate provides that cost shares or other limitations applied to the coverage of the diagnosis and treatment of infertility must not differ from those applied to benefits for services not related to infertility.

11. Are there ways for groups to enhance their fertility coverage beyond the mandate minimum?

Yes, groups will be able to customize their fertility coverage to offer more generous benefits than SB 729 requires should that employer group choose to do so.

12. Will there be updates to the Large Group renewal kits?

Yes, there is information in the renewal cover letter to explain the minimum requirements of SB 729 and that we are working in good faith to implement this mandate.

13. Will member EOC and SOBs reflect the coverage available to Large Group members?

The Department of Managed Health Care (DMHC) is reviewing our implementation approach to the mandate.

14. Will there be an endorsement sent to Large Group members?

Plan documents, such as EOCs and SOBs will be updated upon DMHC approval of our approach to implement the requirements of SB 729.

15. Will reproductive endocrinologists be indicated in our provider directories?

Yes, reproductive endocrinologists are listed in the Find a Doctor tool.

Large Group - Self-Funded

Self-Funded Coverage

16. Can ASO opt in to provide the same coverage as required for Fully Insured Core and Premier groups?

While ASO groups are not required to provide this coverage, they will have the ability to opt in and embed the same coverage as required for Fully Insured offerings.

17. What is the process for ASO groups to opt in?

If a group is interested in opting in, they should reach out to their Account Management team.