

# Employee Fertility Benefits

AN EVIDENCE-BASED GUIDE

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Making informed decisions for your employees

# INTRODUCTION

## The modern workplace is shifting fertility coverage

Fertility coverage continues to evolve as an increasing number of states mandate fertility benefit coverage and employer groups offer fertility benefits not only for in vitro fertilization (IVF), but also for surrogacy and egg freezing. As the number of people seeking fertility care and IVF increases, the need for fertility assistance and support also increases.

One trend that is driving this need among workers in the United States is that they are starting a family later in life, which can lead to difficulty conceiving. Another large influence is that more types of families are requesting fertility support ranging from single people to same-sex couples. As a result, companies at the forefront of fertility benefit expansion are being applauded. As of October 1, 2019, Starbucks announced that both full- and part-time employees will be reimbursed for surrogacy, intrauterine insemination (IUI), and IVF. Lifetime maximums for fertility benefits will also be increased.<sup>1</sup>

Starbucks explicitly included same-sex couples and single parents in their plan, which are populations some health plans leave out.<sup>1</sup> Other companies, such as JP Morgan, Mass Mutual, Intel, Facebook, Apple, and Google, have also expanded fertility coverage to be inclusive of all family types.<sup>2-4</sup>

Even fertility benefit managers are adapting to these various trends. In order to ease paperwork and the burden on employees, one manager released a fertility debit card that employees can use to pay for services such as egg freezing, IVF, adoption, donor, and gestation services.<sup>5</sup> The stigma and burden once associated with fertility benefits may be removed if these trends continue to impact the market.



### THIS GUIDE WILL REVIEW

**The basics of fertility treatment**

**Common treatment options for infertility**

**Mandated state fertility coverage and cost impact**

**The clinical and economic impact of fertility benefits**

**Employer considerations for offering fertility benefits**

# THE BASICS OF FERTILITY TREATMENT

## What is infertility?

Infertility means a disease, condition, or status characterized by<sup>6</sup>:

1. A failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse; or
2. A person's inability to reproduce either as a single individual or with their partner without medical intervention; or
3. A licensed physician's findings based on a patient's medical, sexual and reproductive history, age, physical findings, and/or diagnostic testing; or
4. A disability as an impairment of reproductive function.

Both the American College of Obstetricians and Gynecologists and the American Society for Reproductive Medicine recommend that women aged 35 and older should be provided expedited evaluation and treated for infertility after 6 months of failure to conceive, rather than 12 months for women aged 35 or younger.<sup>7</sup> Infertility impacts approximately 13% of women between 15 and 49 years of age.<sup>8</sup> Infertility risk increases with age; for example, women in their 20s are between 7% and 9% infertile and women aged 30 to 39 years are between 15% and 22% infertile.<sup>9</sup>



**In 2017, the American Medical Association voted to support the designation of infertility as a disease as per the World Health Organization.<sup>10</sup>**

**The decision was based on the consensus to improve care and coverage for patients with infertility and mitigate stigma associated with the condition.**

## Fertility treatment

Fertility treatment begins with identifying the cause of reproductive issues and diagnosing infertility. General risk factors of infertility for both men and women include age, body weight, smoking, or alcohol consumption.<sup>11</sup>

Some risk factors appear as clinical conditions, such as ovulatory disorders or uterine or cervical abnormalities in women and testicular and other medical conditions in men.<sup>12</sup>

Some causes can be addressed with simple lifestyle changes. In other cases, infertility may be treated with surgery, medication, IUI, assisted reproductive technology (ART), or a combination of approaches.<sup>11</sup>

# CURRENT EMPLOYER OPINIONS ON FERTILITY BENEFITS<sup>13</sup>

## Reasons for coverage\*



Virtually all employers responded that fertility coverage (that includes IVF) had a negligible cost impact

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**97%** of employers in 2021 responded that offering fertility benefits had not resulted in a measurable, significant increase in medical plan cost.<sup>13</sup>

\*n=254 respondents.<sup>13</sup>

# COMMON TREATMENT OPTIONS FOR INFERTILITY

Treatment	Surgery	Medication	IUI	ART
	Surgery is performed to correct abnormalities within the uterus and repair blocked, scarred, or damaged fallopian tubes. Surgery can also address several male fertility issues <sup>12,14</sup>	Infertility treatments include ovulatory stimulation, ovulation regulation, and insulin level control <sup>12</sup>	IUI is often the first line of treatment for unexplained infertility. Sperm is placed directly into the uterus around the time of ovulation <sup>16</sup>	IVF is the most common ART procedure. Eggs are removed from the ovaries and fertilized outside of the woman's body. The resulting embryo(s) are then transferred to the uterus <sup>18</sup>
Employer Insight	Surgery may be covered by medical plan even if infertility treatment is not covered <sup>15</sup>	A range of medications are available to treat patients depending on their underlying diagnosis and coverage <sup>12</sup>	Success rates can be as high as 15% depending on age, medication use, and infertility diagnosis. However, IUI carries a higher risk for multiple gestation <sup>17</sup>	Single-embryo transfers can avoid the complications and burden associated with multiple births <sup>19</sup>  Multiple births result from the practice of transferring more than 1 embryo during each cycle. Of ART live births in 2016, ~81% were singletons, ~19% were twins, and <1% were triplets or more <sup>20</sup>

i

Only 1 in 3 women who seek fertility services require treatment beyond basic medical advice.<sup>21</sup>

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According to the National Survey of Family Growth data between 2015 and 2017, fewer than 1% of women needed IVF.<sup>22</sup>

# FERTILITY COVERAGE MAY AFFECT TREATMENT DECISIONS

## Providing evidence-based fertility coverage can help employees make better treatment decisions

Lack of adequate insurance coverage can force employees seeking infertility medical care to choose options with perceived higher pregnancy success rates. However, these options (such as IVF with multiple embryo transfers) can also have a higher risk of multiple births.<sup>23</sup> Multiple embryo transfers can lead to expensive medical complications for both mother and child.<sup>19</sup>

“  
.....  
*If [patients] are paying out of pocket,  
[they] are pretty desperate to have  
that cycle work when [they've] paid  
\$15,000 into an IVF cycle...*<sup>25</sup>  
.....”

**Bradley Van Voorhis, MD**

Director, Division of Reproductive Endocrinology  
and Infertility University of Iowa Health Care,  
Carver College of Medicine

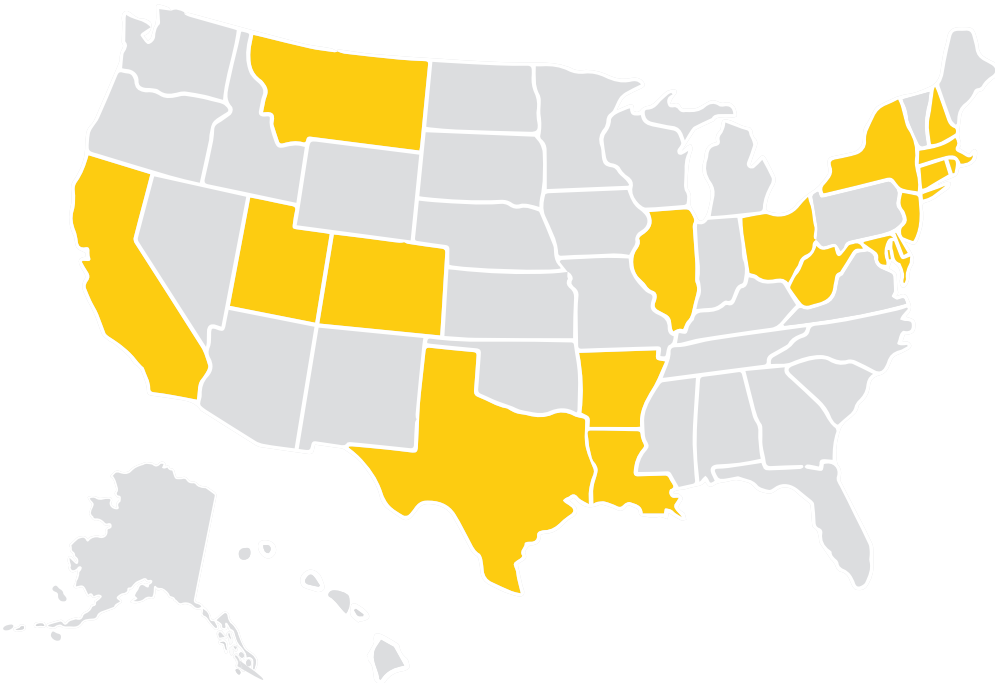
Providing coverage removes these cost constraints, so patients are able to make decisions based on evidence-based treatment recommendations.




- In a study of infertile women undergoing a combined 15,418 IVF/embryo transfer cycles, patients with fertility benefits chose to transfer 1 embryo/cycle significantly more often than patients with no coverage, thereby reducing the potential for multiple births and associated costs<sup>24</sup>

# MANDATED STATE FERTILITY COVERAGE AND COST IMPACT

## In states with mandated fertility coverage, premiums have not significantly increased

Since the 1980s, 19 states have passed laws requiring insurers within those states to cover or offer coverage for infertility diagnosis and treatment.<sup>26</sup> States with mandated coverage for fertility treatment have a lower rate of multiple births, preterm births, and low birth weight infants compared with states that do not mandate coverage.<sup>27</sup>



State <sup>28-30</sup>		
Connecticut	Maryland	Massachusetts
		
Impact on Premiums <sup>28-30</sup>		
0.9%	0.19%	0.95%

Comprehensive reviews of benefits and costs from Connecticut, Maryland, and Massachusetts show that fertility coverage has a minimal impact on premium costs.<sup>28-30</sup>

**i** Historically, states with IVF insurance have lower rates of multiple births than states without IVF coverage.<sup>31</sup>

# FERTILITY COVERAGE IS EXPANDING

## Mandated states are broadening benefits

On January 1, 2020, an updated insurance law went into effect in New York state to broaden coverage for fertility.<sup>32</sup>

Affecting  
**~2.5 million**  
New Yorkers<sup>32</sup>

Affecting  
**~4.7 million**  
New Yorkers<sup>32</sup>

- Provides up to 3 IVF cycles to people covered by employers on a large-group insurance plan (companies with more than 100 employees)
- Provides medically necessary fertility preservation (FP) treatments for people at risk of infertility caused by a medical intervention (radiation, medication, surgery) in all commercial markets, including individual, small- and large-group plans
- For FP and IVF, prohibits delivery of insurance coverage from discriminating based on age, sex, sexual orientation, marital status, or gender identity



**In Illinois, HB 3709 updates the existing infertility insurance law to include LGBTQ+ families and single parents. The bill also reduces the waiting period for fertility treatments from 1 year to 6 months for women over the age of 35, as recommended by the American Society for Reproductive Medicine. It is expected to be signed into law in July of 2021.<sup>7,33</sup>**

## More states are mandating benefits

From 2018 to 2020, three states passed laws requiring fertility coverage, including IVF and FP (for medically induced infertility)<sup>34-36</sup>:

**Delaware,  
2018**



**New Hampshire,  
2019**



**Colorado,  
2020**



According to the Federal Employee Retirement Income Security Act (ERISA), self-insuring businesses are not required to comply with state insurance mandates, although they may voluntarily provide these mandated benefits.<sup>37</sup>

Offering fertility benefits to employees in states with fertility mandates may help employers stay competitive with other businesses that are required by law to provide these benefits.<sup>38</sup>



# ELECTIVE SINGLE-EMBRYO TRANSFER CAN REDUCE THE LIKELIHOOD OF MULTIPLE BIRTHS

**Elective single-embryo transfer (eSET) is the transfer of a single embryo rather than multiple embryos during an IVF procedure**

eSET has been shown to significantly decrease the likelihood of multiple births and has maximized the rate of successful singleton pregnancies.<sup>19,39</sup> This has resulted in fewer high-risk pregnancies, preterm births, and lower use of neonatal intensive care unit (NICU) services.

- Compared with 2-embryo transfer, eSET has been shown to reduce the risk of low birth weight by more than 50%, reduce NICU admittance by more than 50%, and decrease hospital length of stay by more than 80%<sup>40</sup>



## **ASRM, SART, ACOG, and providers emphasize the value of single-embryo transfer**

The American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology have developed guidelines to identify patients most appropriate for eSET and recommend that most patients younger than 35 years with good prognosis use eSET.<sup>41</sup>

In 2016, the American College of Obstetricians and Gynecologists released a committee opinion stating that clinicians should “make every appropriate effort to achieve a singleton gestation.”<sup>42</sup>

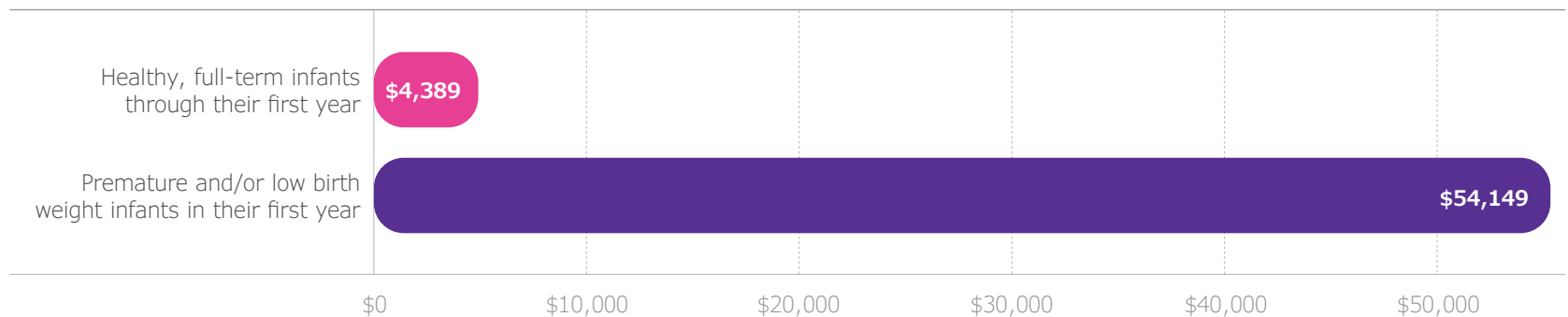
According to one cost-effectiveness analysis, shifting coverage to a rapid progression IVF (rather than after failure of other methods) with eSET is the most cost-effective treatment strategy across multiple centers and regions.<sup>43</sup>

# THE CLINICAL AND ECONOMIC IMPACT OF FERTILITY BENEFITS

## Multiple births affect employees and employers

Although an increasing number of states are passing fertility benefit mandates, a majority of states still do not cover infertility treatment. In states without mandated fertility treatment coverage, many patients who need IVF pursue medical treatments that may not be the most effective for their particular diagnosis.

Preterm birth, low birth weight, and high rates of disability are common and expensive complications of multiple births.<sup>41,42</sup> Employers spend 12 times as much on healthcare costs for premature or low birth weight infants as they do for babies without complications.<sup>44</sup> Preterm births cost employers more than \$12 billion in excess healthcare costs. An analysis done by the March of Dimes showed that employer health plans pay<sup>45</sup>:



“

*...in perspective of how much we spend on MRIs and CT scans, for example, the cost of the fertility benefit isn't even a rounding error.<sup>46</sup>*

”

**Ray Brusca**

Vice President of Benefits, Black & Decker

# EMPLOYER CONSIDERATIONS FOR OFFERING FERTILITY BENEFITS

## Offering IVF coverage could improve employee retention

According to data from FertilityIQ, for IVF patients whose treatments were covered through employers, 61% felt a greater sense of loyalty to their employer and 53% retain their jobs longer. Over 72% of IVF patients believed that working for their employer helped them have their child.<sup>4</sup>

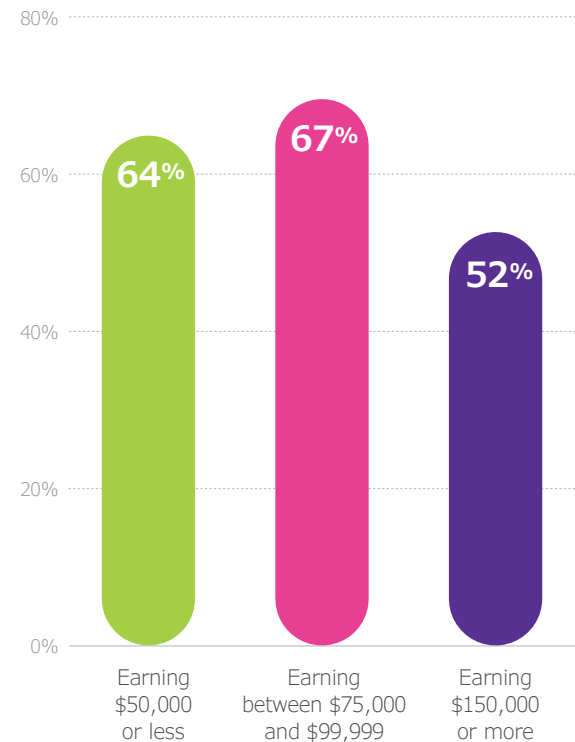
A 2015 survey of 1000 nationally representative adults in the US performed by the Reproductive Medicine Associates of New Jersey showed that more than two-thirds of employees are willing to change their jobs to ensure fertility coverage.<sup>38,47</sup>

“By offering fertility treatment coverage, it sends an important message of inclusivity and support to a diverse workforce longing to start a family. It reinforces company values and can be used as a recruiting tool.”<sup>50</sup>

**Alan Kohl**

Founder and President of TotalWellness

Another survey of 1700 women from Future Family, a subscription fertility service, showed that many women aged 30 to 44 years would be willing to switch jobs for better fertility benefits.<sup>48,49</sup>

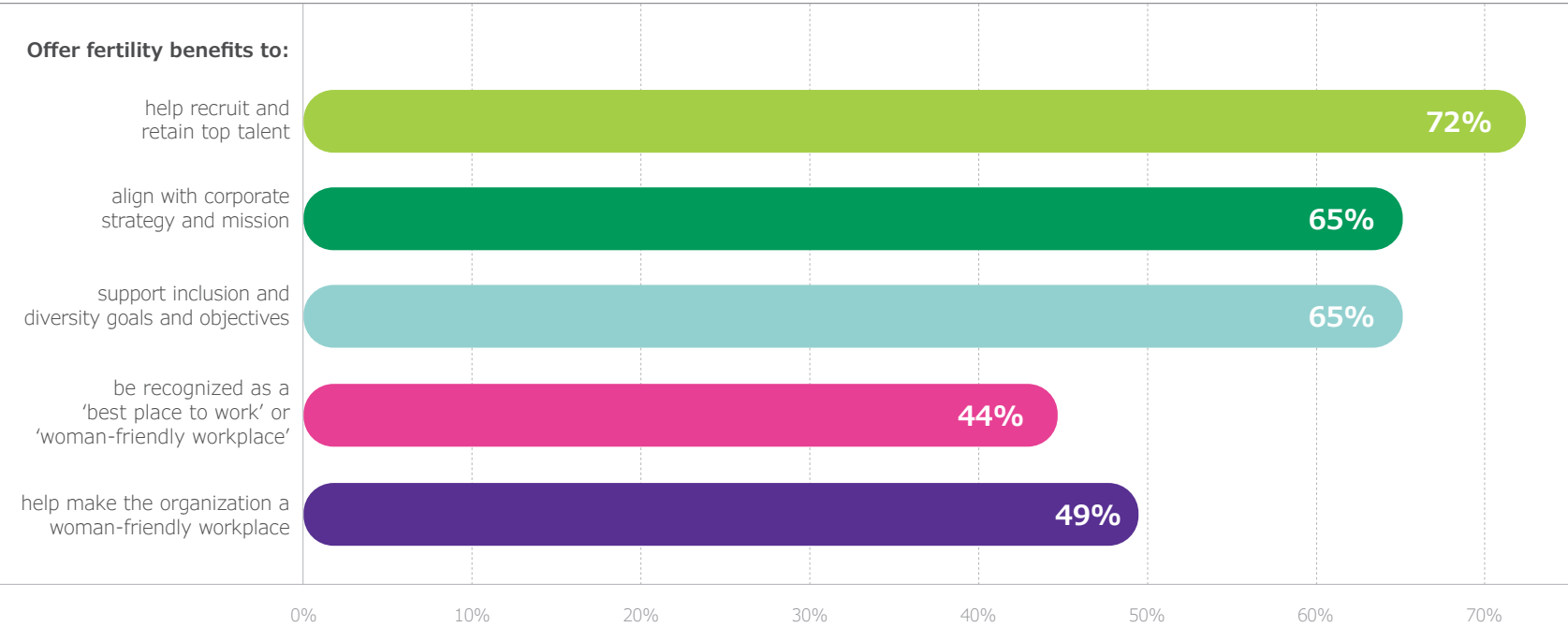


# MORE EMPLOYERS ARE OFFERING EVIDENCE-BASED FERTILITY BENEFITS

## Employers offer these benefits for a variety of reasons

According to a Willis Towers Watson survey of 479 employers with at least 100 employees, as of 2020, almost three-quarters (72%) of employers cite the competitive pressure to attract and retain talent as the primary reason to offer fertility benefits, but other reasons influence the decision to offer benefits as well.<sup>51</sup>

### Employers offering and enhancing fertility benefits



Almost two-thirds of employers (65%) indicate that they provide family-friendly benefits because they align with their corporate strategy and mission, and a similar percentage of employers offer these benefits to support their organization’s inclusion and diversity goals and objectives.<sup>51</sup>

# HIGH-PROFILE EMPLOYERS OFFER EXTENSIVE IVF COVERAGE<sup>52</sup>

According to a 2020 Employee Benefits Survey of 752 US employers, 74% of respondents who offered fertility benefits covered IVF<sup>53</sup>

Covers >\$30,000 AND/OR >3 IVF Cycles	Preauthorization Requirements
Adobe	None
Achieve3000	Required
Akamai	Required
Booz Allen Hamilton	Required
Capital One	Required
Celgene	None
Conair	Required
Dick's Sporting Goods	Required
Facebook	None
Gibson Dunn	None
Goop	None
Hershey	Required
McKinsey	None
Northwestern	Required
Pepsi/Frito Lay	Required
State of New Jersey	None
State of New York	None
TPG	None
University of Chicago	Required
University of Maryland	Required
P&G	None
Pinterest	None

Unlimited IVF Coverage	Preauthorization Requirements
Analog Devices	None
Bain	None
Bank of America	Required
BCG	None
Boston University	None
Chanel	Required
eBay	None
KKR	Required
Lowell General Hospital	None
New England Baptist Hospital	Required
Pyramid	Required
Quicken Loans	Required
Spotify	Required
Sullivan and Cromwell	Required
Tesla	None

# CONSIDER THE FOLLOWING FACTORS WHEN DEVELOPING FERTILITY BENEFITS

## Fertility benefit structure and potential cost impact<sup>54</sup>

Benefit Structure	Patient Behavior	Health Insurance Cost
<b>No fertility coverage</b>	<ul style="list-style-type: none"> <li>• Incentivizes members to opt for more aggressive treatment (multiple embryo transfer) to increase probability of success on first attempt</li> <li>• Incentivizes members to attempt treatments that cost less (IUI) which may lead to multiple births</li> </ul>	Baseline
<b>Fertility coverage without IVF</b>	<ul style="list-style-type: none"> <li>• Incentivizes members to exhaust coverage for other therapies prior to trying IVF</li> <li>• If members move on to IVF, they will most likely select multiple embryo transfer</li> </ul>	<ul style="list-style-type: none"> <li>• Excess usage of treatments that are less likely to produce singletons (IUI)</li> <li>• Increases the likelihood of multiple births</li> </ul>
<b>Fertility coverage with limited IVF</b>	Limited IVF attempts may lead to fewer eSETs	<ul style="list-style-type: none"> <li>• Increases cost of new IVF benefit</li> <li>• Limited IVF may lead to low usage of eSET, which could result in multiple births</li> </ul>
<b>Fertility coverage with unlimited IVF</b>	Incentivizes members to choose the best course of action	Increased cost of new IVF may be offset by savings resulting from fewer multiple births
<b>Unlimited fertility coverage with IVF and medical management</b>	<ul style="list-style-type: none"> <li>• Incentivizes members to choose the best course of action based on treatment protocols set by health plans</li> <li>• May include rules on eSET and precertification</li> </ul>	Increased cost of new IVF benefit may be offset by savings resulting from fewer multiple births (rate of multiple births decreased to a greater extent with medical management than without)

# FERTILITY BENEFITS WILL LOOK DIFFERENT FOR EACH ORGANIZATION

**Work with your health plan carrier or a fertility benefits manager to establish the evidence-based benefit design that is right for your organization and your employees**

## **Start by reviewing your current coverage:**

- Document current coverage: Find out if you cover fertility treatment services already. Are they comprehensive or are they encouraging employees to make decisions that will increase your overall health care cost rather than reduce it?
- Run the numbers: Look at your current infertility-specific data. Review fertility benefit claims, birth rates, and maternity leave data to analyze the cost of pregnancies in your population. Don't forget to account for diagnoses associated with male factor infertility
- Request an example of a standard rider for fertility coverage
- Explore specialty vendors that provide fertility benefits outside of regular health insurance carriers
- Get a baseline to assess your needs, determine what you are doing well, and what may be missing. Ask your health plan or specialty vendor for comparative fertility benefit metrics, if available

# WHAT TO CONSIDER WHEN YOU ARE READY TO ADD OR UPGRADE A FERTILITY BENEFIT

## Define eligibility

- Age: With a trend in the workforce of putting off family planning to focus on career, are your benefits inclusive to support both the professional and personal growth of your employees with fertility preservation and fertility treatment?
- Marital status and gender spectrum: Some policies are written in a way that excludes single parents and the LGBTQ+ community. Is your plan inclusive for those who want to start their families however they choose?

## Determine precertification requirements

- Set preauthorization requirements before the plan is in place. This could encourage employees to seek care from a specialist sooner to avoid duplication of tests and to get a clearer diagnosis

## Cover evidence-based medical evaluation for fertility

- A medical evaluation is the first step in determining the course of treatment
- Drive employees toward quality care
- You can design fertility benefits to direct employees to high-quality providers by creating multiple coverage tiers

## Determine the optimum number of cycles covered

- Some companies set an annual or lifetime maximum for fertility treatment or set a maximum number of attempts per lifetime. Other companies choose not to set lifetime caps or limit the number of cycles
- Coverage limitation based on the number of cycles rather than a flat dollar amount is considered best practice
- You could also mandate the network fertility centers to inject the minimum number of eggs for IUI or mandate eSET when medically appropriate to achieve a viable single birth



# EVIDENCE-BASED FERTILITY BENEFITS ARE A WIN FOR YOUR EMPLOYEES AND A WIN FOR YOUR ORGANIZATION

Addressing the needs of your employees seeking assistance to overcome infertility can potentially help you attract and keep valued employees and may help you contain health care costs over the long term.

## EMD Serono is committed to fertility benefit solutions

EMD Serono is dedicated to helping employers find fertility benefit solutions that will satisfy the needs of both the employer and employee. EMD Serono has created several resources to help navigate this complicated process, including an infertility cost-analysis tool and employer presentations. If you would like to speak with an EMD Serono representative to learn more about these resources, please email [fertility.marketing@emdserono.com](mailto:fertility.marketing@emdserono.com).

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## A partnership to make a difference

EMD Serono is proud to partner with RESOLVE: The National Infertility Association to create this educational employer White Paper. We hope that employers will use this White Paper as a guide to help them get started in making an in-depth and informed decision about their fertility benefits.



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**Making informed decisions for your employees**