

WHAT IS IT?

Infertility is generally defined as one year of unsuccessful conception or six months, if a woman is 35 or older. Women who can get pregnant but are unable to stay pregnant may also be considered infertile. Most insurers exclude or limit infertility services from base medical policies. However, some insurers offer employers the ability to add or enhance infertility benefits through riders.

WHY OFFER IT?

- Growing need for infertility services due to rising average age of parents
- Limits employee exposure to the high costs of treating infertility
- Can have a dramatic impact on employee "quality of life"

WHAT TYPES OF EMPLOYERS OFFER IT?

- Most prevalent among organizations in highly skilled professional fields where employees may choose to start families later in life
- Approximately 29% of employers nationwide offer some type of infertility coverage¹

WHAT SIZE EMPLOYERS OFFER IT?

- Employers with 2+ employees

WHAT ARE THE CRITICAL UNDERWRITING OR PARTICIPATION REQUIREMENTS?

- Type(s) of infertility services covered
- Employer size, location, and industry
- Employee demographics

WHAT'S NEW IN THIS AREA?

Many states have passed or are considering legislation that mandates coverage for the treatment of infertility.

- **Mandate to Cover:** Twelve states currently have legislation mandating some level of infertility coverage in their base medical plan.
- **Mandate to Offer:** Two states have laws mandating that infertility coverage must be offered but purchasers may decline coverage.

California mandates that insurance carriers offer infertility coverage, limited to diagnosis and treatment. The California law does not require coverage for in vitro fertilization (IVF), but includes gamete intrafallopian transfer (GIFT).

HOW MUCH DOES IT COST?

The cost of infertility benefits varies considerably by carrier and scope of services covered. The addition of certain types of infertility coverage can increase premiums by 3%-5%.

Recent studies show that costs of offering infertility benefits may be offset by the hidden costs associated with not offering any type of infertility benefit. Employees paying out of pocket for expensive infertility treatments are often more willing to accept more treatment risk (for example, more than two embryos per transfer) in order to achieve pregnancy. This leads to higher incidences of multiple births, which can result in the increased medical costs associated with pregnancy, delivery complications and premature births.

INFORMATIONAL LINKS

- [Infertility Treatment Insurance Hard to Come By](#) (Insure.com)
- [State Laws Related to Insurance Coverage for Infertility Treatment](#) (NCSL)
- [American Society for Reproductive Medicine](#)
- [Assisted Reproductive Technology](#) (CDC)
- [Infertility FAQ](#) (HHS Womenshealth.gov)

PROS AND CONS

PROS

- Provides positive impact on an employee's quality of life
- Promotes image as "family-friendly" employer

CONS

- Additional premium
- Coverage only benefits a small number of employees
- Not all states have laws mandating coverage

NOTES

- 1 in 8 couples of childbearing age suffer from infertility in the US, more than a 20 percent increase since 1995 (CDC, 2002)
- Infertility benefits include hormone therapy, intrauterine insemination (IUI), surgery, assisted reproductive technologies (ART) such as in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and intracytoplasmic sperm injection (ICSI).
- High-tech infertility treatments such as IVF, GIFT, and ZIFT treatments cost upwards of \$12,000 per attempt. (www.insure.com)

- Approximately 1 out of every 100 babies born in the US is conceived using high-tech infertility treatments (IVF, GIFT, ZIFT) (CDC, 2006)

¹ 29% of All Employers reported having coverage for infertility services in their primary plan; Mercer National Survey of Employer-Sponsored Health Plans, 2009.



This Fact Sheet is designed to provide a general overview of the benefit program, service, or regulatory act it describes. The information included in this document is not a substitute for legal or professional opinion relative to a plan sponsor's particular fact pattern. Your ArlenGroup consultant can answer more specific questions relative to its application for your organization.