

Fertility and Family Building Benefits Worksheet



Progyny believes everyone should be able to pursue their dream of having a family. Our equitable fertility and family building benefit supports all paths to parenthood, and our data-driven model lays the groundwork for superior clinical outcomes, cost savings, and exceptional member experiences.

Understanding the Need for Fertility Benefits

Infertility is a disease that affects 1 in 8 Americans – more than diabetes or breast cancer¹ — with a need that is far greater than many even realize.

Although infertility is defined as not being able to get pregnant after one year or longer, that definition is limiting. Many underlying causes of infertility impact both men and women, LGBTQ+ individuals, and single parents by choice that need access to fertility treatments to start their families.

Infertility can also take a significant emotional, physical, and financial toll. One of the most common types of fertility treatment is in-vitro fertilization or IVF. It is a complex treatment process that involves hormone injections, multiple physician visits, and repeated blood tests, and monitoring. Most patients undergo two or more cycles of IVF over the course of months, which can cost upwards of \$50,000² in out-of-pocket expenses.

55% of individuals suffering from infertility believe it is more stressful than unemployment, and 61% believe it is more stressful than divorce.³

Sources

1 Technavio Market Research, March 2017; Harris Williams & Co. Fertility Market Overview 2015; CDC Data, Statistics and Surveillance, retrieved December 2017

2 FertilityIQ: What is the total cost of IVF?

3 RMA of NJ: Infertility in America Survey and Report (conducted by Wakefield Research)

The Impact on Employers?

Despite the need, conventional fertility benefits are often limiting. Some require an infertility diagnosis (which discriminates against LGBTQ+ individuals and single parents by choice), while others require patients to explore less effective fertility treatments before they can pursue IVF (a process often called step therapy). When this happens, employees essentially waste dollars on ineffective treatments, quickly reach their coverage limits, and are left without any resources to achieve a healthy pregnancy.

This also impacts the downstream costs that employers absorb. High-risk prenatal care, pregnancy complications, preterm deliveries, and NICU stays related to multiple births (twins and triplets) are costly. Medical expenses for multiple births, compared to singleton deliveries, are exponential in nature: \$37,000 for a single child, \$159,000 for twins and \$601,000 for triplets⁴, with medical expenses for multiple births often exceeding \$1 million.

While well-intentioned, most employers have inadvertently created more stressful processes for their employees, who have to navigate these restrictive plans on top of their already complex and emotional medical journey. And, most plans don't offer any type of emotional support or care navigation.

Case in Point?

Case in point: 50% of people trying to conceive for 2 or more years said they were depressed most or all of the time.⁵ The economic burden of depression and anxiety, and its effect on employee productivity, has been well documented, with an estimated cost of \$5.7¹ billion in lost productivity.

Sources

⁴ Lemos, E. V., Zhang, D., Voorhis, B. J., & Hu, X. H. (2013). Healthcare expenses associated with multiple vs singleton pregnancies in the United States. *American Journal of Obstetrics and Gynecology*, adjusted for medical inflation

⁵ Crawford, N. M., Hoff, H. S., & Mersereau, J. E. (2017). Infertile women who screen positive for depression are less likely to initiate fertility treatments. *Human Reproduction*.



Evaluate Your Current Coverage Worksheet?

Is your benefit accessible to everyone?

Does your current benefit support all paths to parenthood? Does it inadvertently exclude LGBTQ+ individuals, single parents by choice, and patients with unexplained infertility?

Does the coverage mandate certain types of treatment?

Would an employee have to undergo a certain number of treatments (example: 3-6 rounds of intrauterine insemination or IUI) before moving on to IVF? Could this prevent that employee from getting to the most effective treatment before running out of coverage?

Does the benefit design have a lifetime dollar maximum?

The typical cost of one IVF cycle can be upwards of \$20,000, and many people must do more than one cycle. Would an employee going through IVF be able to complete one cycle without hitting their out-of-pocket max?

Is fertility medication included within the coverage?

Fertility medication can cost close to \$10,000 for a single IVF cycle. Would an employee have to pay for medication out of pocket?

Does coverage include access to the top fertility clinics across the US?

Many of the top fertility clinics will not work with traditional health plans. Similarly, many patients have limited access to clinics in their area. Do your employees have several nearby in-network clinics?

Does coverage include the latest technologies like genetic testing?

This can be important to achieving the best possible outcome: a viable, healthy pregnancy.

Does coverage include emotional support and care navigation?

Is there a way for employees to access one-on-one support within your organization?

You can use your response to the worksheet to help guide a conversation with our team and we can show you how Progyny can work for your company.

Interested in learning more? Visit [Progyny.com](https://www.progyny.com) today!