**Understanding the Need for Fertility Benefits**

Infertility is a disease that impacts 1 in 8 Americans – a rate higher than diabetes or breast cancer.[[1]](#endnote-2) Infertility is traditionally defined as not being able to get pregnant after one year or longer, but women are not the only ones who need access to treatment. There are many underlying causes that impact both men and women. And, LGBTQ+ individuals and single parents by choice also need access to fertility treatments, as well as adoption and surrogacy services, to start their families.

**1 in 8**

are impacted by infertility

Infertility may often be the first medical crisis a couple may face together and it can 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 will have to undergo 2+ cycles of IVF over a course of months, which can cost upwards of $50,000[[2]](#endnote-3) in out of pocket costs. It’s not surprising that 55% of individuals suffering from infertility believe it is more stressful than unemployment, and 61% believe it is more stressful than divorce.[[3]](#endnote-4)

**The Impact on Employers**

Despite the need, fertility benefit options have historically been limited. Fertility benefits offered through traditional health plans often have restrictive benefit designs that require an infertility diagnosis (which discriminates against LGBTQ+ individuals and single parents by choice) and/or require that patients must utilize less effective fertility treatments first (often called step therapy) before they can pursue IVF. Employees will typically run out of coverage and have high out of pocket costs, which influences the treatment decisions that they make. Dollars are wasted on ineffective treatments long before they reach their goal of a healthy pregnancy.

This impacts the downstream costs that employers absorb related to high-risk prenatal care, pregnancy complications, pre-term delivery and NICU stays related to multiple (twins or triplets) births. The medical costs of multiple births compared to a singleton child are exponential in nature: $35,000 for a single child compared to $150,000 for twins and over $560,000 for triplets[[4]](#endnote-5), with medical expenses for multiple births often exceeding $1 million.

**90%** of those going through treatment would change jobs for fertility coverageiii

While well-intentioned, employers have inadvertently created more stressful processes for their employees, who have to navigate these restrictive plans on top of their already complex medical journey. And, most plans don’t offer any type of emotional support or care navigation. 50% of people trying to conceive for 2 or more years said they were depressed most or all of the time.[[5]](#endnote-6) The economic burden of depression and anxiety, and effect on employee productivity, has been well documented - costing an estimated to $5.7 billion in lost productivity.

It is increasingly apparent that employers must provide fertility and family building benefits in the same way they do for other disease conditions. Infertility is not a condition that individuals choose or can prevent, but [Your Company Name] can choose how it supports its employees in the most critical of moments.

**Why We Need a Comprehensive Fertility Benefit**

Unlike traditional disease management programs that [Your Company Name] has invested in, infertility is complex and requires personalized treatment. Traditional plans are lacking access to the high-quality care necessary to support superior clinical outcomes.

An improved plan [or fertility benefit] that supports all paths to parenthood will:

1. Invest in high quality, effective fertility care
2. Allow employees equitable access to the treatment they need without mandates for care
3. Provide emotional support, care advocacy, and education
4. Support financial wellness
5. Acknowledge [Your Company Name’s] investment in the health and wellbeing of employees and their families

**The Return on Investment**

Antiquated plan designs are causing unintended consequences and employers are paying for it - both in direct (high-risk maternity and NICU costs) and indirect costs (employee, absenteeism, productivity, depression).

A comprehensive fertility and family building benefits solution will help our employees achieve their family building dreams and employers realize:

1. Reduced treatment costs with access to high-quality care
2. Reduced high-risk maternity and NICU claims
3. Decrease in employee absenteeism
4. Increased employee retention and loyalty

***Consider including information how fertility benefits would impact YOUR organization:***

**1) Would this benefit address employee requests?**

**2) Will it support larger company initiatives to support women in leadership and working parents and families?**

**3) If you are comfortable, include a personal note or quotes from your network on why this may be important.**

[Your Company Name] would not ask our employees to make cost-based decisions or forego proven best practices for any other disease. It is time to support our employees with a comprehensive solution that supports the most rewarding job our employees will ever have – parenthood.

***For more resources, visit*** [***progyny.com/advocate***](http://progyny.com/advocate) ***and*** [***progyny.com/talktohr.***](http://progyny.com/talktohr)

1. Technavio Market Research, March 2017; Harris Williams & Co. Fertility Market Overview 2015; CDC Data, Statistics and Surveillance, retrieved December 2017 [↑](#endnote-ref-2)
2. FertilityIQ: [What is the total cost of IVF](https://www.fertilityiq.com/ivf-in-vitro-fertilization/costs-of-ivf#is-ivf-good-value)? [↑](#endnote-ref-3)
3. RMA of NJ: [Infertility in America Survey and Report](http://www.rmanj.com/wp-content/uploads/2015/04/RMANJ_Infertility-In-America-SurveyReport-_04152015.pdf) (conducted by Wakefield Research) [↑](#endnote-ref-4)
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 [↑](#endnote-ref-5)
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. [↑](#endnote-ref-6)