



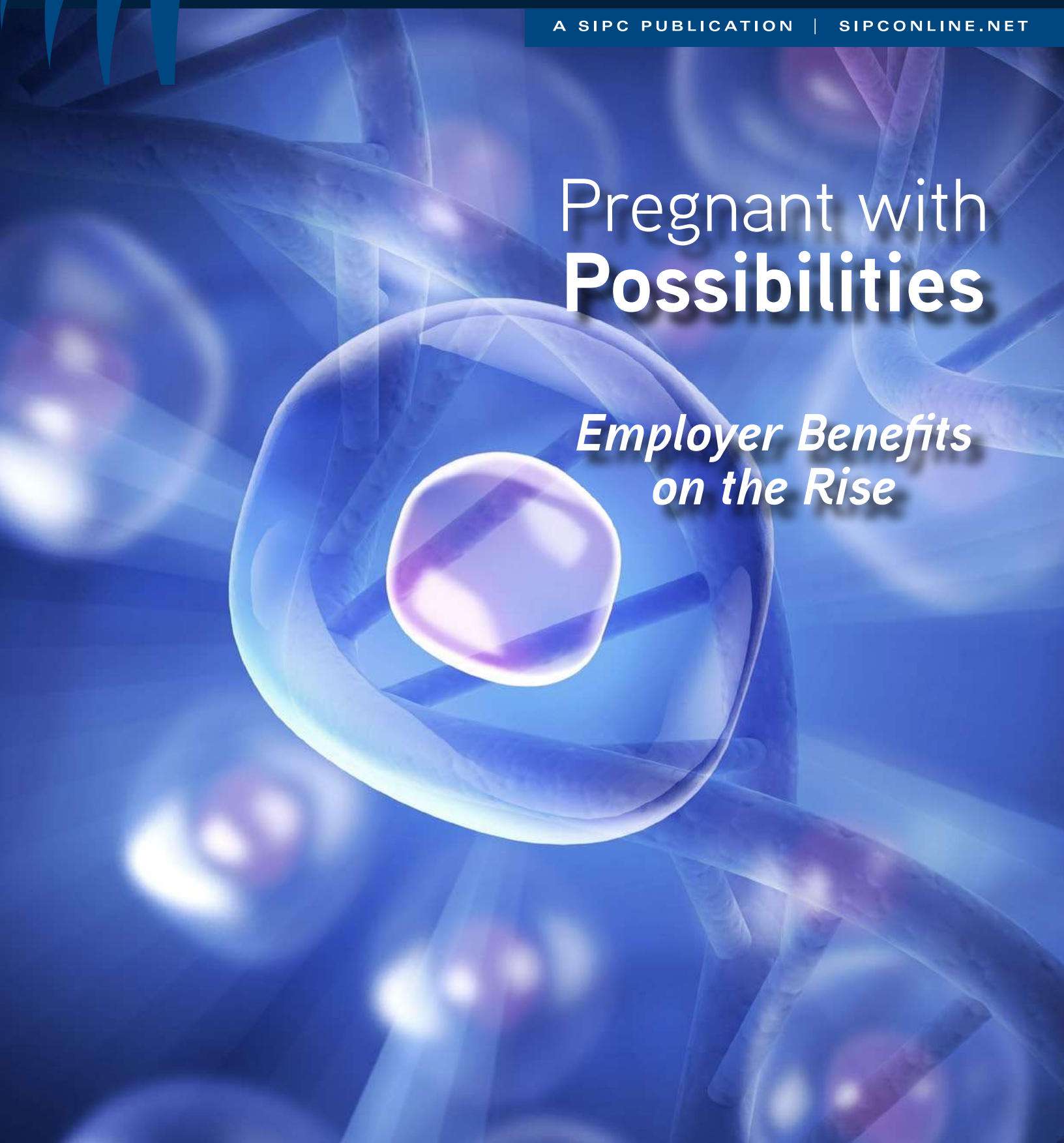
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## Pregnant with **Possibilities**

*Employer Benefits  
on the Rise*





# PREGNANT WITH POSSIBILITIES

*EMPLOYER FERTILITY BENEFITS ON THE RISE*

Written By Laura Carabello

**R**eproductive medicine has clearly entered the world of virtual care and digital health benefits. These solutions are answering employer demand for fertility benefits that help companies attract new workers and keep the ones they have satisfied with current opportunities for coverage.

Brooke Quinn, chief customer officer, Carrot Fertility says, “We’ve seen a significant shift in fertility benefits over the last five years. When Carrot was first founded, it was very rare for employers to offer fertility benefits, and if they did, they were limited to certain treatments, such as egg freezing, and not inclusive of all fertility healthcare and family-forming journeys. Now, employees are increasingly expecting their employers to invest in fertility healthcare -- similar to dental, vision, etc., and when these companies invest in their employees’ health and well-being, it builds trust and loyalty. The result is that employees are more likely to stay with their employer when offered comprehensive fertility benefits.”

The trend has been accelerating over the past few years, evidenced by a recent Harris Poll conducted on behalf of *Fortune*. Respondents say that during the ongoing war for talent that is expected to continue through 2031, there is solid evidence that companies are enhancing their employee benefits programs with **fertility benefits quickly gaining traction** as a 'must-have.'

A recent survey conducted by **FertilityIQ**, a comprehensive family planning resource that helps individuals and family members make informed fertility decisions, showed that nearly half of workers (45%) regard these types of benefits as an important component when considering a new job.

In 2021, they say the number of large companies offering or enhancing their family-building benefit grew by 8% year-over-year, including services that range from egg freezing and drug therapy to intrauterine insemination (IUI) and in vitro fertilization (IVF).

The fertility-education website expects to report even larger numbers for the year ahead based upon data it has been collecting. This is the result of increased recognition that families are built in a variety of ways, including single parents and same-gender couples.

Quinn says that for employers to truly move the needle on employee satisfaction, it's important that they invest in benefits that are meaningful.

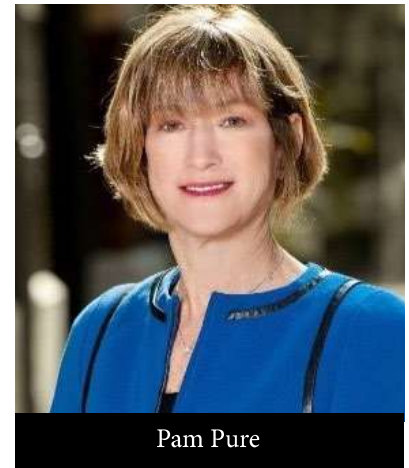
“While it was not long ago that we would see companies tout office perks such as free coffee and game rooms, ultimately, these types of perks don't have a long-lasting impact on employees. Fertility benefits are a different story.”

In a Carrot Fertility survey, 95% of members who use the Carrot benefit said they are more likely to stay at their company because they offer Carrot. Quinn attributes this result to the Company's focus on lifelong fertility care, which means employees will leverage the benefits at different points in their lives.

Quinn observes that one of the barriers to accessing fertility care is cost. “For example, the average cost of an IVF cycle is about \$20,000, private adoption costs can start around \$30,000, and gestational surrogacy typically costs more than \$100,000,” she

explains. “Most people don't have tens of thousands of dollars at their disposal, so it makes a meaningful difference when employers offer financial support as part of their benefit.”

Pam Pure, founder & CEO, Posterity Health, sees this change in employer attitudes, “The attitude has changed from several years ago when financial savings for the employer were most important. Employers are now focused on employee satisfaction, health equity and high-quality care, while providing savings for both the employee and employer sponsored health plan.”



Pure discerns that not only is there a focus on reproductive health, but there is a clear shift on treating fertility as a couple's issue, adding, “Employers respect the fact that 50% of the time a couple is experiencing infertility issues, there is a male factor involved. At Posterity Health, we allow payers and employers to implement and utilize male fertility services to enhance their existing fertility benefit

offering. While some fertility benefit programs include male benefits, most do not. To provide comprehensive, equitable fertility benefits male services must be included.”

She emphasizes that today’s employers understand that proactively evaluating the fertility status of both partners early in the process will help their employees achieve the best outcome at the lowest price point.

“Re-sequencing a couple’s infertility evaluation and working more aggressively on resolving male factor issues will reduce costs while eliminating unnecessary care,” says Pure.

“When benefits require out of pocket expense, utilization and engagement from employees will decrease.”

Infertility is on the rise as more people wait until later in life to have a child, according to Julie Campbell, vice president, Business Development, Progeny:

“According to the CDC, 1 in 5 women are impacted by infertility and, notably, one third of infertility diagnoses are due to male-factor infertility. Additionally, 63% of LGBTQIA+ individuals who are planning to build a family use assisted reproductive technology, foster care, or adoption to become parents. With the increasing need for fertility and family building services, employers are taking notice.”



Julie Campbell

She says the labor market is tight, and employers need a benefit that will help them attract and retain top talent.

“Today, a large portion of our workforce includes millennials, who have cited fertility treatment as a top 5 desired benefit,”

explains Campbell. “Also, 46% of employees say they would forgo more pay for a generous health benefits package.”

An advertisement for Premier Broker Support. It features a man in a light blue shirt and glasses sitting at a desk with a laptop, smiling. Several papers are flying around him, suggesting a fast-paced or efficient service. The text 'Premier Broker Support.' is prominently displayed in blue. Below the image, there is a QR code and the text 'Scan to request a demo.' and the BenefitMall logo with the tagline 'NEXT GENERATION BROKER SERVICES'. At the bottom, it says '©2023 BenefitMall. All Rights Reserved.'

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Lastly, companies with comprehensive DEI initiatives are a priority for people in the workforce – nearly **80% of people want to work for a company that prioritizes DEI**. When a company adopts fertility and family building benefits, it sends a strong message to employees that their company values female, BIPOC, and LGBTQIA+ individuals since these populations are the most impacted.”

There are differing opinions regarding out-of-pocket expenses for these services when they are attached to the benefit package. Campbell reports that under her organization’s benefit solution, patients are left to pay a fraction of the price of treatment – similarly to how insurance would cover any other medical need.

“Fertility treatments are regularly cited as being extraordinarily expensive, especially when a patient is being asked to pay for these services out-of-pocket,” she makes clear.

“With benefits, these necessary treatments become affordable and comparable to treating any other common disease condition.”



## DEFINING INFERTILITY

In general, infertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex. Because fertility in women is known to decline steadily with age, some providers evaluate and treat women aged 35 years or older after 6 months of unprotected sex.

Women with infertility should consider making an appointment with a reproductive endocrinologist—a doctor who specializes in managing infertility. Reproductive endocrinologists may also be able to help women with recurrent pregnancy loss, defined as having two or more spontaneous miscarriages.

Infertility is not always a woman's problem. Both men and women can contribute to infertility. Infertility in men can be caused by different factors and is typically evaluated by a semen analysis.

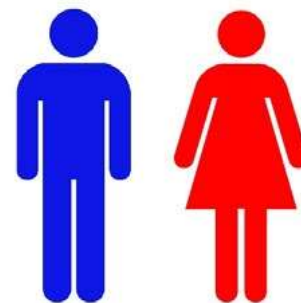
When a semen analysis is performed, the number of sperm (concentration), motility (movement), and morphology (shape) are assessed by a specialist. A slightly abnormal semen analysis does not mean that a man is necessarily infertile. Instead, a semen analysis helps determine if and how male factors are contributing to infertility.

Anderson-Bialis, co-founder of Fertility IQ says, "At some point, you are going to hit an inflection point where most major employers in every major market will decide to pay for this and the rest have to fall in line. We have hit the inflection point. I think this is the year."

A separate survey from [Mercer](#) confirms this trend: in 2021 found 42% of large companies, with 20,000 or more employees, covered IVF in 2020, compared to 36% in 2015, and 19% covered egg freezing, up from 6% in 2015. For those who had 500 or more workers, 27% covered IVF, compared to 24% six years prior.

Campbell asserts that offering comprehensive fertility and family building benefits shows employees that their employers recognize them as individuals and prioritize their physical and mental health both professionally and personally.

"When an employee has been diagnosed with infertility, the stress they experience is overwhelming and is heightened as they begin going through treatments," she continues. "If they do not have benefits, or have a dollar cap benefit, they find themselves making rash and cost-based decisions that greatly impact their chance to conceive and overall mental and physical well-being."



She adds that by providing a comprehensive and inclusive benefit, employees feel supported and empowered by their employer and can prevent them from having to take on second jobs, open high-interest credit cards, and borrow against their 401(k) plans in order to support their family building dreams.

"All of this results in happier and healthier employees," she says with a smile.

### REGULATORY GUIDANCE

Employers have captured the attention of The National Infertility Association (NFA; [www.resolve.org](http://www.resolve.org)) which is increasing its reach with digital and in-person information to guide people throughout their family building journey.

Most relevant to employers, the organization is expanding the Coverage at Work program, which provides everything employees need to persuade their employers to voluntarily add family building benefits. This was prompted, in part, by employers recognizing that their employees are starting their families later in life for a variety of reasons.

## SNAPSHOT OF FERTILITY ISSUES

- **12%** of women experience difficulties becoming pregnant or carrying a child to term.
- **1 in 8** couples in America encounter fertility hurdles.
- **19%** of all couples are unable to conceive after a year of unprotected sex.

Source: CDC [https://www.cdc.gov/reproductivehealth/infertility/index.htm#:~:text=In%20the%20United%20States%2C%20among,to%20term%20\(impaired%20fecundity](https://www.cdc.gov/reproductivehealth/infertility/index.htm#:~:text=In%20the%20United%20States%2C%20among,to%20term%20(impaired%20fecundity)

- After 1 year of having unprotected sex, 12% to 15% of couples are unable to conceive, and after 2 years, 10% of couples still have not had a live-born baby.

Source: National Institute of Health <https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common>

- **33%** of Americans have turned to fertility treatments or know someone who has.

Source: Pew Research Center

<https://www.pewresearch.org/fact-tank/2018/07/17/a-third-of-u-s-adults-say-they-have-used-fertility-treatments-or-know-someone-who-has/#:~:text=Four%20decades%20after%20the%20birth,new%20Pew%20Research%20Center%20survey>

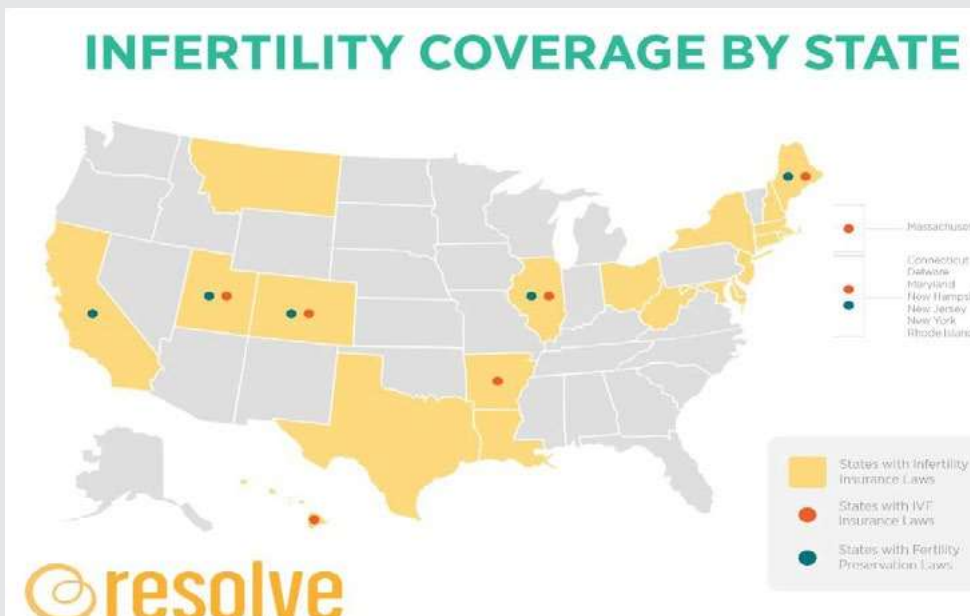


While state mandates may not be enforced with self-insured companies, it is interesting to note that at least 20 states with mandated fertility coverage have passed laws that hold private insurance responsible for either covering or offering some variation of fertility testing, diagnosis or treatment.

Each state can define the scope of coverage however they deem appropriate. Note that there is a distinction between a “mandate to cover” and a “mandate to offer.”

NFA advises that a mandate to cover requires health insurance companies to include infertility treatment in every policy while a mandate to offer only requires health insurance policies to offer a policy that includes treatment but does not require employers to subsidize.

As of June 2022, 20 states have passed fertility insurance coverage laws, 14 of those laws include IVF coverage, and 12 states have fertility preservation laws for iatrogenic (medically-induced) infertility.



Quinn observes that one of the barriers to accessing fertility care is cost.

“For example, the average cost of an IVF cycle is about \$20,000, private adoption costs can start around \$30,000, and gestational surrogacy typically costs more than \$100,000,” she explains. “Most people don’t have tens of thousands of dollars at their disposal, so it makes a meaningful difference when employers offer financial support as part of their benefit.”

## FAMILY BUILDING TREATMENT OPTIONS

Advanced technology is enabling innovative treatment options that may be appropriate for one person, partners or a combination. Employers may encounter claims for medications that help with hormones and ovulation as well as for minor surgical procedures. They are often categorized as Assisted Reproductive Technology (ART):

**Egg freezing:** Also known as mature oocyte cryopreservation, this is a method used to save women’s ability to get pregnant in the future. Eggs harvested from the ovaries are frozen unfertilized and stored for later use. A frozen egg can be thawed, combined with sperm in a lab and implanted in the uterus – known as in vitro fertilization (IVF).

### Medications to restore fertility:

Medications that regulate or stimulate ovulation are known as fertility drugs. Fertility drugs are the main treatment for women who are infertile due to ovulation disorders. Fertility drugs generally work like natural hormones – follicle-stimulating hormone (FSH) and luteinizing hormone (LH) – to trigger ovulation. They’re also used in women who ovulate to try to stimulate a better egg or an extra egg or eggs.



**Intrauterine insemination (IUI):**

A type of artificial insemination for treating infertility. Sperm that have been washed and concentrated are placed directly in your uterus around the time that the ovary releases one or more eggs to be fertilized.

**In vitro fertilization (IVF):**

This complex series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child. During IVF, mature eggs are collected (retrieved) from ovaries and fertilized by sperm in a lab. The CDC created an 'IVF Success Estimator' – a tool to estimate the chance of having a live birth using IVF based on the experiences of women and couples with similar characteristics.

**ANOTHER OPTION:  
GESTATIONAL SURROGACY --  
'BOOMING INDUSTRY'**

Business analysts report that the demand for gestational carriers has never been higher.

Gestational surrogacy requires in vitro fertilization (IVF), in which an embryo is created using the eggs and sperms of the intended parents or donors, then implanted in the uterus of the gestational carrier (or surrogate).

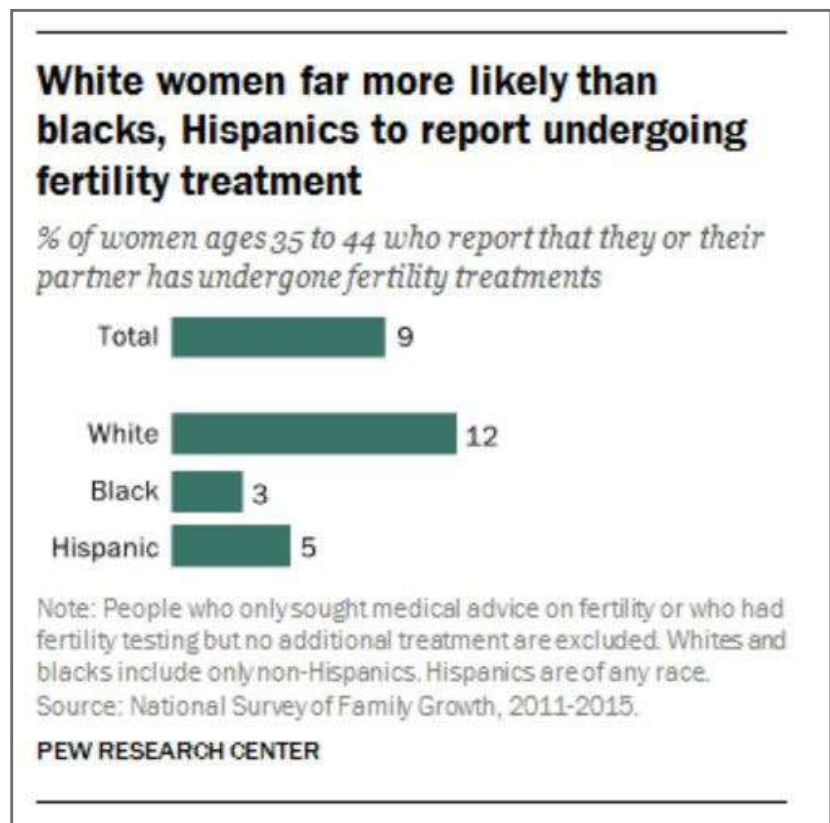
According to the American Society for Reproductive Medicine (ASRM), a Gestational Carrier (GC) is a woman who

agrees to have a couple's fertilized egg (embryo) implanted in her uterus. The gestational carrier carries the pregnancy for the couple, who usually has to adopt the child. The carrier does not provide the egg and is therefore not biologically (genetically) related to the child.

From 2010 to 2019, the most recent per fertility clinic data reported to the CDC, the number of embryo transfer procedures using a gestational carrier more than tripled to 9,195.

While there was no data available on the exact number of live-birth deliveries through surrogacy, the most recent CDC report found that between 1999 and 2013, gestational carriers gave birth to 18,400 infants, and the number of IVF cycles using GCs more than quadrupled.

Globally, surrogacy is booming. Its market exceeded \$4 billion in 2020, is valued at over \$14 billion in 2022, and is projected to achieve nearly 25% compound annual growth rate in the next decade, according to Global Market Insights.



And while it is illegal in many parts of the world, the practice has found a home in the U.S., where 47 states either permit and regulate surrogacy or do not expressly prohibit it (Louisiana, and Nebraska are the exceptions.)

The best estimates from experts are that perhaps more than 300 agencies in the U.S. actively recruit women primarily to be GCs – acting as a surrogate for intended parents and carrying a fetus to which the women bear no biological relation.

**EMPLOYER AND EMPLOYEE DEMAND CONTINUES TO GROW**

Employee loyalty is one of the key benefits of fertility coverage, prompting more companies to answer employer demand for services.

A Fertility IQ study showed some 61% of employees who received the coverage said they felt more loyal and committed to their employer, 73% were more grateful and 53% stayed longer. Fully 88% of women who had their IVF fully paid for by their employer in 2017 returned back to that employer after their maternity leave, according to the index.

For example, Carrot Fertility is a global fertility care platform for women, who are often at the center of fertility care decisions

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and consequences, with services provided to people of every age, race, income, sex, sexual orientation, gender, marital status, and geography.

Carrot Fertility and others say they've seen incredible growth in demand for fertility benefits, both from employers and employees.

"In the last year alone, our customer base has doubled from 400 to 800+ customers, covering millions of lives globally, and that's across all major industries beyond tech to manufacturing, automotive, food and beverage, financial and legal services, entertainment, retail, and more," says Quinn. "We will continue to see more companies embrace fertility benefits and focus on prioritizing platforms that are inclusive of all people to best support their entire workforce."

Pam Pure emphasizes that fertility benefits provide a significant role in employees' overall health and wellbeing, given the significant fertility challenges that factor into a couple's mental health.

"Knowing they have financial and emotional support throughout their fertility journey goes a long way and provides loyalty to their employer," she advises. "Additionally, employers are thankful for the opportunity to provide accessible care and fertility benefits to the male partner. And Posterity Health promotes collaborative care working with the OBGYN and REI to make it easy for the couple to determine their best path forward."

It is very likely that employers will increasingly offer these opportunities, with reports that companies across industries are already rapidly embracing fertility and family building benefits. Campbell says that her company continues to see exponential growth each year and now partners with over 370 employers across 40+ industries – illustrating that employers have an appetite for this benefit.

"For our clients, these benefits allow their employees to reach parenthood in a healthier, quicker way, meaning they save healthcare dollars by avoiding unnecessary treatments and reducing costly high-risk pregnancies and NICU stays," she explains. "In fact, the typical Progyny client will realize 25% to 30% savings compared to a traditional carrier program. With that said, there is a long runway ahead of us to ensure one day these benefits are adopted at the same rate as other necessary benefits, such as vision and dental." ■

*Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel, and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications.*  
[www.cpronline.com](http://www.cpronline.com)

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