

Fertility and Family Building Benefits:

How Employers Can Support a Healthy, Growing Workforce

The Fertility Issue

[The World Health Organization](#) and the American Medical Association recognize infertility as a disease that impacts [one in six](#). The Centers for Disease Control (CDC) [defines infertility](#) as not being able to conceive after one year (or longer) of regular unprotected sexual intercourse.

But this definition ignores LGBTQIA+ populations and single parents who desire fertility services to start or grow their families.

These populations may also rely on adoption, surrogacy or foster care services to expand their families.

Fertility preservation, also known as tissue cryopreservation or egg/embryo freezing, is one avenue individuals can pursue to preserve their fertility for future use.

Males may also consider sperm freezing due to low sperm count or other medical reasons.

Infertility is just as common in males as it is in females. When it comes to infertility, [half of all fertility issues are male-related](#).

Why Should Employers Care?

Individuals switch employers for a variety of reasons – changing jobs because health benefits were not good was [one of the top five reasons for leaving in 2021](#).

In a [survey](#) by America's Health Insurance Plans (AHIP), nearly half of respondents (46%) said the health plan was either a deciding factor, or a positive influence, in the decision to take their current job and 56% reported health coverage was the reason they stayed.

Employers cite staying "[competitive to recruit and retain top talent](#)" as one of their top reasons for offering fertility and family building benefits.

Fifty-nine percent of employers indicate fertility coverage is necessary to compete in the labor market and 68% of adults say they would switch jobs for better fertility benefits according to [Barclay's 2021 Healthcare Disruptive Series](#).

Quick view: Employer Action Steps

Assess needs: Carefully assess the needs of employees and their families.

Use data:

Claims data is vital for identifying gaps and issues,

understanding the value of your benefit offering and the effectiveness of your solution.



Review current benefit plan design:

Evaluate whether your current plan design meets employees' needs in an equitable way.

Choose the right vendor partner:

Partners should be able to accommodate the unique needs of your covered population.

Have an implementation plan:

It is not enough to simply communicate a benefit – employers need a rollout plan.

Continually evaluate plan solutions:

Identify gaps and outcomes. Don't be afraid to make changes as necessary.



How Employers Can Help

A good first step is to offer fertility benefits. Employers need to understand fertility benefit models with a dollar cap (or dollar limit) come with limitations and can unintentionally treat fertility differently than other chronic diseases like cancer and diabetes.

In addition, dollar caps may lead providers and/or patients to make ineffective treatment decisions. For example, they may choose to transfer more embryos than recommended or use less costly, less efficient fertility treatments to avoid running out of coverage.

Limits may also be reached before the fertility treatment cycle is completed, leading to incomplete treatment and impacting the success rate.

Employers should consider how dollar limits on coverage impact their covered population – the cost of fertility services will vary depending on where a patient lives. Employers with employees in multiple service areas may unintentionally be providing more benefits for some than others.

These limitations can be addressed by offering cycle-based coverage. This type of coverage bundles all treatments, tests, and lab work into a single episode of care, or “cycle”, allowing the patient and their provider to focus on the best first path to effective treatment.

Other benefits to cycle-based coverage may include fewer pregnancy complications, a lower rate of premature babies and a reduction in costly NICU stays due to multiple births.

Employers who offer cycle-based coverage should ensure prescription management is integrated so patients receive coverage for the right medications at the right time.

If the goal is to offer comprehensive family building benefits, employers should also consider financial assistance for other common pathways



In 2023, the American Society of Reproductive Medicine, ASRM, released an updated, [more inclusive definition of infertility](#) that is not restricted by gender identity, sexual orientation, or marital status:

“Infertility” is a disease, condition, or status characterized by any of the following:

- The inability to achieve a successful pregnancy based on an individual’s medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors.
- The need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos to achieve a successful pregnancy either as an individual or with a partner.
- In individuals having regular, unprotected intercourse and without any known etiology for either partner suggestive of impaired reproductive ability, evaluation should be initiated at 12 months when the female partner is under 35 years of age and at six months when the female partner is 35 years of age or older.



like surrogacy, adoption, and foster care, if benefits are available for their male employees, and if leave policies should be updated to complement fertility benefits.

Fertility and family building treatment can be expensive, but adding coverage can mitigate costs employers might otherwise incur. According to a Mercer [survey](#), 97% of employers report adding infertility coverage did not result in a significant increase in medical plan costs.

Benefits of Adding or Enhancing Fertility Benefits

- Stay competitive to recruit and retain top talent.
- Reduce overall medical costs by reducing premature births and/or multiple births.
- May increase engagement and productivity.
- Helps satisfy DEI objectives.



Common Fertility Treatments and Procedures

Assisted Reproductive Technology (ART)

According to the CDC, (ART) is defined as fertility treatment involving surgically removing eggs from a woman’s ovaries, combining them with sperm in the laboratory, and returning them to the woman’s body or donating them to another woman.

In Vitro Fertilization (IVF)

IVF is a technique where an egg and sperm are combined in a special laboratory to create an embryo. An embryo or embryos are transferred to the woman’s uterus through her cervix to enhance the chances of pregnancy.

IVF – Fresh

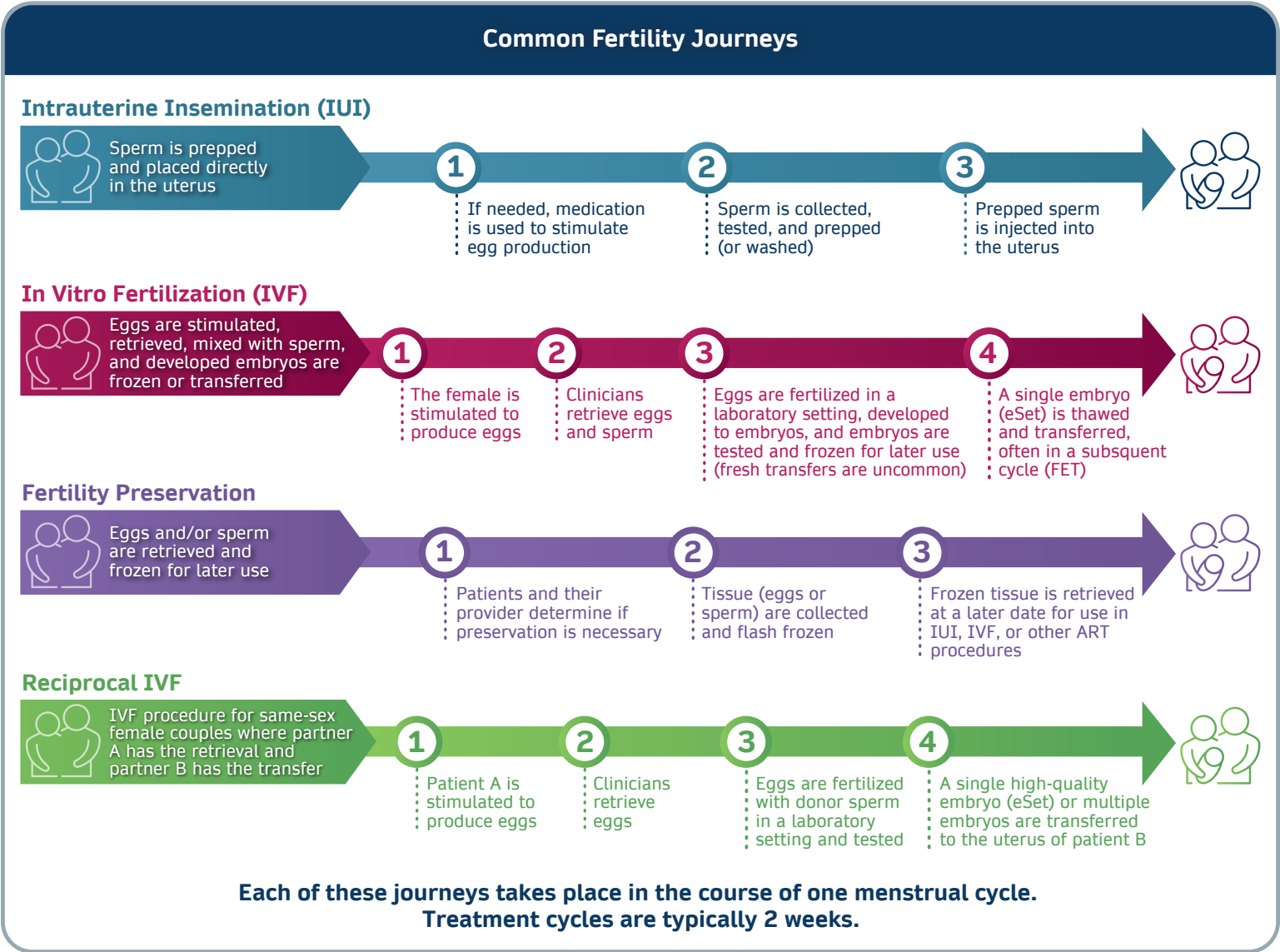
An IVF fresh cycle starts by stimulating the ovaries with a course of medication. Following stimulation, the doctor retrieves the eggs, which are taken to the lab and fertilized. After three to five days, an embryo is transferred into the uterus in the hopes of achieving pregnancy. Any remaining embryos may be biopsied for preimplantation genetic testing for aneuploidy (PGT-A) before being frozen using vitrification (“flash freezing”). IVF fresh can also be used with donor eggs and/or sperm.

Preimplantation Genetic Testing for Aneuploidy (PGT-A)

Involves testing embryos for chromosomal abnormalities to reduce the risk of miscarriage and increases the probability of a successful pregnancy.

IVF – Frozen/Freeze-All

An IVF freeze-all starts by stimulating the ovaries with a course of medication, followed by egg retrieval and fertilization. On day 5, the developing embryos are biopsied before being frozen using vitrification. The biopsied tissue undergoes PGT-A testing, allowing the fertility specialist to ensure the most viable embryo is chosen for transfer. The embryos remain frozen while the PGT-A testing takes place, allowing the prospective mother to rest and return to a pre-treatment state before a frozen embryo is transferred. IVF freeze-all can also be used with donor eggs and/or sperm and has a higher successful pregnancy rate, compared to IVF fresh.



Frozen Embryo Transfer

Embryos that have been frozen during an IVF freeze-all, fertility preservation (egg freezing), or previous IVF fresh cycle are available to be thawed and transferred into the uterus. A frozen embryo transfer is commonly performed following an IVF freeze-all cycle to allow for PGT-A testing on the resultant embryos to ensure only a genetically or chromosomally normal embryo is chosen for transfer.

Elective Single Embryo Transfer (eSET)

As a best practice in fertility care, one embryo selected from a larger number of available embryos is placed in the uterus. [eSET](#) helps families achieve success while preventing risks of pregnancy complications, pre-term births, and NICU stays associated with multiple births.



Multiple births are defined as two or more children born at the same time.

Action Steps for Employers

1. Assess Your Population's Needs

Understand your employees' needs for fertility coverage through surveys, basic demographics and/or claims data. Consider the need for comprehensive fertility coverage as well as satisfaction with current or prospective offerings.

2. Use Data

Use your claims data to determine the number of members accessing fertility benefits under your current structure as well as the incidence of multiple and/or premature births within this group. Compare your data to national averages.

Ask potential vendor partners to use real data to demonstrate how they could improve the fertility experience for your covered population.

3. Review Current Benefit Plan Design

If you have a fertility benefit in place, seek to understand if your current structure excludes members of populations who desire family building but don't fit into a "traditional" family model. Consider the needs of diverse employee groups and the benefits of offering mental health services, access to navigation advocates, and additional benefits for surrogacy, adoption, and foster care.

4. Choose the Right Vendor Partner

Develop a solid understanding of the differences in service models. Ask prospective partners to provide information on clinical outcomes as well as how they deliver care and manage their network of providers. Ask them to demonstrate how they can improve the patient journey, accommodate the diverse needs of your population and how they can reduce medical spend.

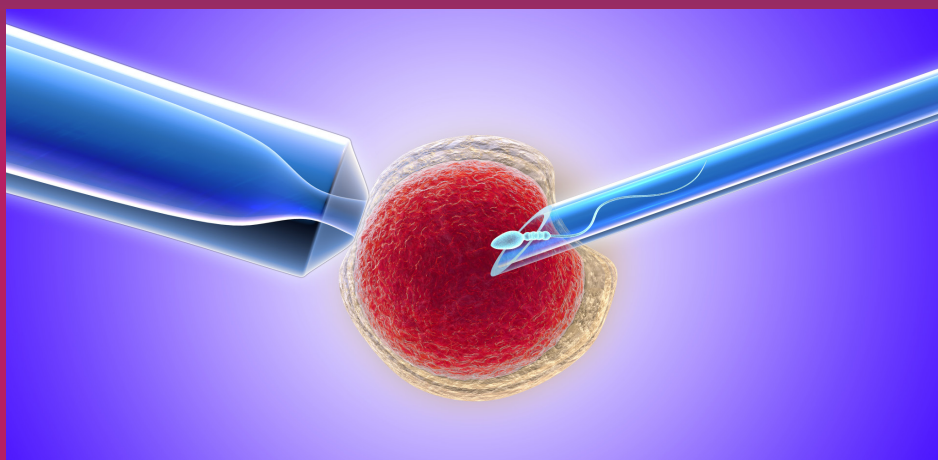
5. Have an Implementation Plan

The smooth implementation of a new or enhanced fertility benefit includes building awareness, educating key stakeholders and integrating with other benefits. Inform all vendor partners of your fertility benefits strategy and develop a system for cross referrals between point solutions, carriers, providers, EAP and leave partners.

A robust communications strategy is critical. Use creative messaging and a variety of educational resources and mediums. Track the effectiveness of these communications and refresh your strategy regularly to keep the message fresh.

6. Continually Evaluate Your Plan

Define and track your success metrics and don't hesitate to change course as needed. Success measures should be based on the employer's specific population with quality data from the fertility partner – don't rely on estimates or projections. Involve your partners in making improvements and be sure to celebrate the new families in your organization!



About MBGH

Midwest Business Group on Health (MBGH) is a 501c3 non-profit supporting employers seeking solutions to better manage the high cost of health care and the health and productivity of their covered populations. Founded in 1980, MBGH offers members leading educational programs, employer-directed research projects, purchasing opportunities and community-based activities that increase the value of health care services and the health benefits they offer to members. MBGH serves over 150 companies who provide benefits to over 4 million lives, with employer members spending more than \$15 billion on health care each year.

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