



# Fertile

# GROUND

*Infertility benefits help prevent multiple births and manage costly treatments, but also elevate recruitment and retention*

On rare occasions, self-insured programs carry almost equal weight in terms of fulfilling key objectives for both employers and employees. One such example involves greater coverage of infertility treatments for families that decided to have children later in life.

The benefits, which can rein in significant costs and improve health outcomes, also appeal to same-sex couples who increasingly are raising their own children. Many of these couples are counseled on surrogacy or sperm and egg donation.

Artificial reproductive technologies such as in vitro fertilization (IVF) have helped a growing number of people realize their dream of starting a family. And they're also elevating recruitment and retention strategies in highly competitive businesses.

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By Bruce Shutan



Bernie Dal Cortivo

*“More employers see value in providing an infertility benefit,”* observes Bernie Dal Cortivo, SVP of sales and marketing at WINFertility.

The appeal of infertility treatments reflects changing attitudes and ways of life, says Karin Ajmani, who leads Progyny’s employer and consumer benefits products and addressed the topic at SIIA’s most recent national conference. For example, one in five women now have their first child starting at age 35 or older when both the quality and quantity of a woman’s eggs decline sharply, while many others are waiting even longer to have a second or third child.

She attributes this phenomenon to several factors. They include more women joining the workforce or living in urban areas where infertility rates are higher, as well as couples seeking deeper financial security or more of a freewheeling lifestyle before starting a family.

As these decisions become more commonplace, there’s a growing expectation by employees that infertility treatments are

“something that should be covered by their health plan,” Ajmani observes.

By green-lighting these benefits, employers would be serving both a business and moral imperative on behalf of their employees and dependents.

### **Better choices**

Those without this coverage who are infertile end up paying more in so-called downstream maternity, delivery and neonatal intensive care unit (NICU) costs, especially across roughly two-thirds of the U.S. where there are no coverage mandates at the state level. And it can affect what their employer pays, as well as efficacy and outcomes.

“Even if an employer’s health insurance benefits exclude coverage for IVF, there are hidden costs of infertility care that are being covered,” cautions Barbara Collura, president and CEO of RESOLVE: The National Infertility Association. “And if the employee decides to pay out of pocket, the health plan will cover the pregnancy, delivery and costs for the new baby.”

She says research shows that when patients have insurance coverage for IVF, they make better choices about how many embryos to transfer and have fewer multiple births. A so-called singleton birth is far less expensive to the health care system than a multiple birth or even twins.

With multiple births, Dal Cortivo says a benefit budgeted at \$25,000 or \$50,000 per employee could quickly turn into several hundred thousand dollars a year in claims for patients who end up in the NICU. Also, when these births are premature, they could be accompanied by a chronic illness. The goals are to help someone get pregnant as soon as possible and avoid multiple births.

Companies that cover infertility treatments or adoption services will reap tremendous goodwill for cultivating a family friendly corporate culture, Collura believes. “More people are aware of infertility and its effect on people’s lives,” she notes. “If an employer recognizes this and offers benefits to ease an infertility diagnosis, employees will want to work there and will stay.”

More than 7 million Americans are infertile, according to RESOLVE. But their ability to carry a child to term and afford potentially expensive treatments depends in part on where they actually live. Fifteen states require insurance coverage for infertility treatment. They include Arkansas, California, Connecticut, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas and West Virginia. Of those states, eight have an IVF mandate and seven have a mandate to offer, which in essence does not increase access.

RESOLVE is advocating for an IVF mandate in New York, and is also hoping to support legislation to add a mandate for fertility preservation in a few states in 2017. The fertility preservation mandates would be the first ever, Collura reports.

In New York, whose state mandate includes unlimited coverage for artificial insemination but nothing for IVF, Dal Cortivo says self-insured groups may opt to expand the benefit to better meet their employees’ needs. He notes that infertility benefits typically are offered by fully insured health plans in markets where coverage is mandated. Some of those health plans offer a product rider to spread the risk, which can be very costly, since only a segment of the workforce will be affected.



With third parties validating and reviewing all self-funded claims, Dal Cortivo points to a deeper level of involvement in the self-insured community with regard to benefits management than fully insured arrangements. But success often hinges on clinical and education support for patients on the front end, which he says “is really critically important to the overall event, and that’s where the case management component comes in.”

Ajmani agrees that self-insured employers have more leeway to design an infertility benefits program than fully insured health plans. For instance, they can transcend the basic network model featuring standard coverage with, say, a \$10,000 maximum by adding concierge services and providing a value-based bundle on a true per-cycle benefit. Without annual coverage restraints, she says women who are trying to get pregnant needn’t worry about rationing their care, while doctors can practice medicine unencumbered.

Many plans, especially those offered through a self-insured arrangement, are typically flat-dollar reimbursements that are easier to administer.

*“Even though a benefit on the front end may have a flat dollar amount, or even a per cycle attached to it,” Dal Cortivo explains, “those costs are generally manageable because you have some indication of your population, the number of people who may receive care and access claims, and associated fixed dollar amounts.”*

Employees who are concerned about using up all their benefits allowance or aren’t covered for infertility treatments “tend to migrate toward lower cost, higher risk care, which may not necessarily drive the desired results,” according to Dal Cortivo. Their employer also still will be subject to claims associated with dependents once they become pregnant and have a child, he says, which is why it behooves self-funded plans to become involved.

### **Secrets to success**

A 2015 Mercer study found that only 25% of employers are providing some sort of infertility coverage, though Ajmani cautions it could be something as simple as pledging to cover drugs associated with treatment options. However, those numbers are expected to swell, and it’s worth noting that her company’s business grew 185% in 2016.

While few employers cover infertility benefits, Dal Cortivo agrees that the number is expanding, but that it depends on demographics and industry. “You’re more likely to see coverage in higher income white-collar groups, such as financial services, law firms, technology and pharmaceutical companies,” he reports, noting that traditional industries are joining the mix.

Infertility treatments present what he calls “a unique occurrence that involves emotional, clinical and even technology support.” That effort includes the use of pharmaceuticals, which Dal Cortivo says can drive 30% to 40% of the benefits spend. Such treatments fall into the category of specialty pharmacy drugs that are typically mail ordered or shipped to the home.

Nurses are made available 24/7 to help guide and manage patients through the process, including administering and storing these drugs. Dosing management plays a particularly critical role. For example, proper storage could preserve drugs for a second cycle in the event of a failed attempt at pregnancy.

Given the Rx layer, it's common to see flat-dollar allowances on the drug side. "You might have a benefit that covers \$25,000 for medical and \$10,000 for pharmacy, and those will be lifetime maximums where if you have a per-cycle benefit on the medical, you still may have a lifetime maximum on the Rx," he explains.

The potential cost savings associated with a carefully managed self-insured infertility benefits program can be substantial. WINFertility pledges up to 45% in NICU savings, up to 40% in medical savings and up to 30% in pharmacy savings, as well as a 49% reduction in high-order multiple gestations.

In one health plan case study involving nearly a million members since 2003, there was a 25% reduction in infertility costs, more than \$30 million in savings reported in 2012, nearly \$5 million in NICU savings and more than \$200 million in savings since the inception of the employer's contract.

Women who are pregnant with multiple children have much higher rates of preterm delivery, as well as preeclampsia and gestational diabetes, according to Ajmani. They're also more prone to emergency room visits. These troubling trends can prove to be both financially and emotionally costly for everyone involved.

Those who undergo IVF have higher rates of success, Ajmani says, noting that unlike many industry carriers, her firm doesn't require the completion of three or six rounds of less costly artificial insemination before moving on to a more expensive technology like IVF. She reports that Progyny's pregnancy rate per IVF transfer is 64% compared with the national average of 48.5% and its twinning of

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multiple birth rate for ongoing pregnancies is just 4% compared with the national average of 28%. Moreover, her firm's predicted ROI for employers is about 30% based on their size, geographic reach, patient medical histories and outcomes.



Karin Ajmani

**A personal journey**

For Ajmani, helping infertile women become pregnant is part of a personal mission.

*“I’ve lived through infertility,” she explains. “I had my first child at age 30 when I was CEO of a health plan and it came easy. But when I tried having my second child at age 33, I went on to experience seven devastating pregnancy losses.”*

She recalls how a Progyny customer described in a recent magazine article how providing infertility treatments proved to be its most impactful employee benefit. “People actually picked up the phone and call into the HR department thanking them for rolling out this type of program,” she says. “It’s something that’s highly valued.” ■

Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for nearly 30 years.

The struggle took a serious toll on her physically, mentally and professionally for three years. She eventually had a healthy boy on her first try of IVF. Still, Ajmani laments that she could have saved herself “an immense amount of pain on so many levels” if she had access to a fertility patient advocate who could have intervened much earlier to suggest the right treatment course.

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