

# Gauging Employer Support for In-Vitro Fertilization Coverage

Written By Laura Carabello



**S**hocking news in mid-May of a terror attack on a reproductive medicine clinic in Palm Springs, CA, certainly boosted the issue of fertility benefits to the top of everyone's in-box. Stakeholders throughout the country read about the heinous action of a "pro-mortalist" and his accomplice who oppose procreation and population growth..

Debates surrounding the bioethics of embryos had already reached a fever pitch earlier in the year when the Alabama Supreme Court ruled that couples who were trying in-vitro fertilization (IVF) and lost frozen embryos in an accident at a storage facility could sue under the state's wrongful death law.

## IVF STATS

- IVF is a procedure in which an egg is fertilized outside of a woman's body, and the procedure now accounts for approximately 2% of births in the United States -- over 95,000 babies annually.
- On July 25, 1978, the world welcomed Louise Brown, the first baby born through IVF.
- IVF cycles increased this past year, with 432,641 cycles performed. The percentage of singleton births from IVF cycles remains high at 96.74%.
- Because their eggs are usually of superior quality, women under 35 have an average IVF success rate of 40% to 50% per cycle. The success rate drops to about 30% to 35% for women between the ages of 35 and 40, and to about 10% to 15% for women over 40.
- IVF is also utilized in women who desire to preserve their fertility, such as women with cancer or other illnesses that may need to undergo treatments that pose a threat to ovarian function.
- The US Assisted Reproductive Technology (ART) health sector is expected to reach a value of US\$4.7 billion in 2025 and expand to US\$14.98 billion by 2032, progressing at a robust CAGR of 18.01% during the forecast period from 2024 to 2032.

Sources: American Society for Reproductive Medicine (ASRM); Society for Assisted Reproductive Technology (SART); RESEARCH & MARKETS

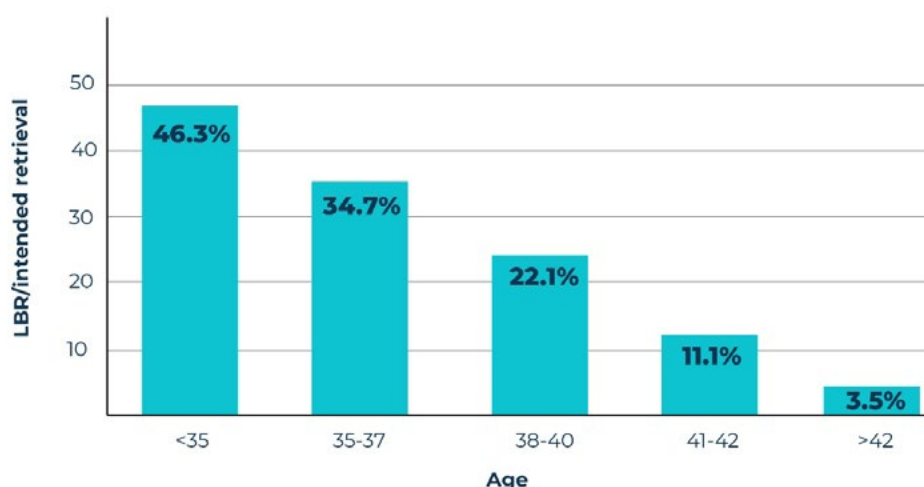


David Adamson, MD, and CEO, ARC Fertility, observes, “Some major societal shifts have sparked interest in reproductive health, especially among employers. Politics have played a key role, putting reproduction front and center and making people talk about the issue -- a topic that most people don't really want to talk about.”

With so much exposure and partisanship around this subject, he says extending these discussions opened up a whole new arena of discussion for employers around embryos and people trying to get pregnant.

“Most employers didn't have much knowledge, or they weren't very prepared to talk about it,” he continues. “But almost everybody could relate to trying to create a family, and many, many people could relate to having difficulty getting pregnant. Now, we're finally talking about IVF and fertility care.”

Live birth per intended retrieval (cycle start) after all transfers from one egg retrieval:

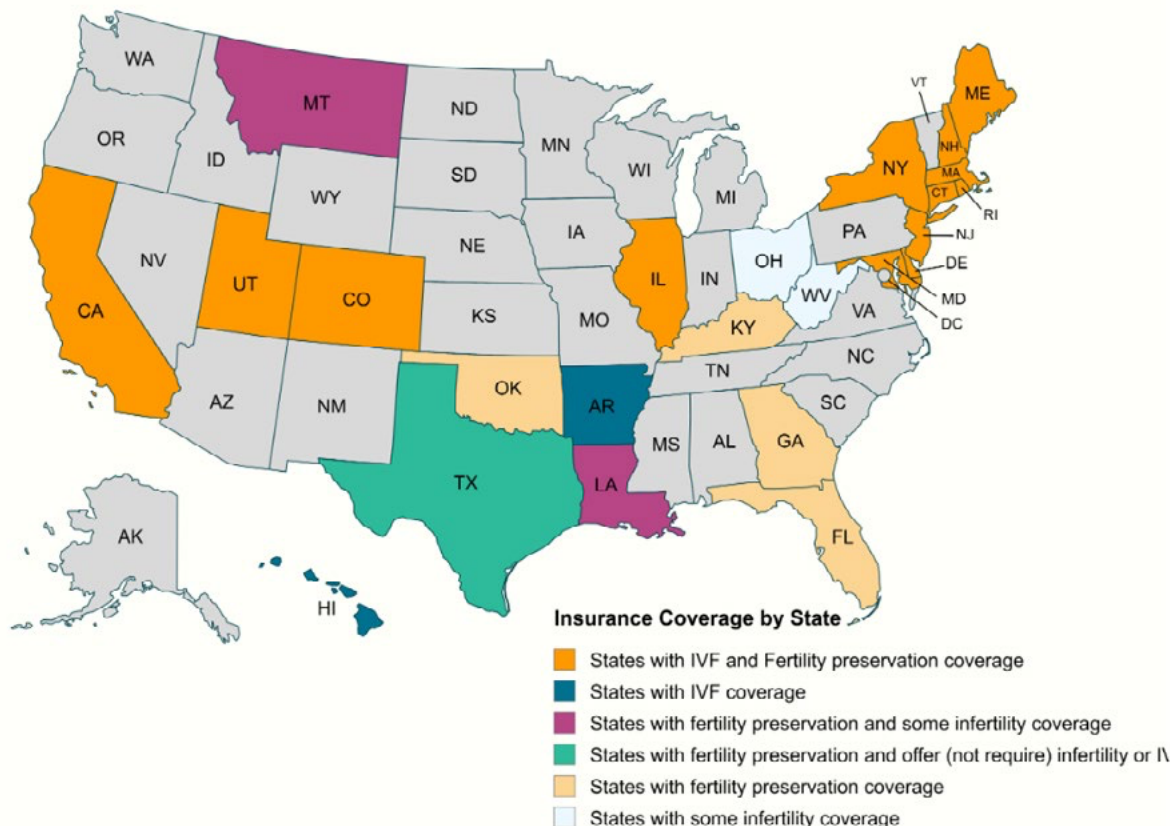


All ages: 30.2%

This LBR per intended retrieval in ARC clinics is statistically higher than non-ARC clinics with a P value of <0.0001.

Source: 2025 ARC Fertility

Many healthcare payers do not cover IVF, with estimates that only a quarter of employers report coverage of IVF for their employees. But the White House has dedicated considerable attention to mandating coverage of IVF and support for family-forming benefits, as industry concerns quickly arose about IVF transitioning from niche to necessity. Under consideration is expanded insurance coverage for IVF to all US military personnel, veterans and federal employees, while just a handful of states require some sort of coverage for IVF in state-regulated insurance plans.



Source: 2025 RESOLVE. The National Infertility Association

The administration may yet declare IVF as an “Essential Health Benefit” — and extend coverage to the nearly 50 million Americans insured through the Affordable Care Act. At the same time, the government could push Congress to pass a law requiring private insurance companies to cover IVF procedures for any person struggling with infertility.

Since self-insured plans, as governed by federal law under the Employee Retirement Income Security Act (ERISA), are not subject to state insurance regulations, employees enrolled with self-insured plans may not receive IVF benefits unless their employer chooses to offer them.

And IVF is not inexpensive. Stanford Institute for Economic Policy Research estimates the cost at \$15,000 to \$20,000 for a single cycle. Many women require more than one cycle before they are able to have a baby.

Contributing to the discussion are reports that the US birth rate is steadily declining, as Macrotrends projects a 0.12% decline in 2025 from the previous year. There are various estimates on the extent of infertility, as the World Health Organization states that infertility now affects roughly one in six women of reproductive age, and the White House contends that as many as one in seven couples trying to have a baby are unable to conceive.

Self-insured employers must now weigh their options for providing benefits that cover this medical procedure, which assists couples and individuals in conceiving a child. RESOLVE, the national infertility association, says that patients deserve policies that:

- Acknowledge all family-building options
- Adopt an inclusive definition of infertility
- Align with current clinical guidelines and scientifically supported standards of care
- Ensure bodily autonomy, free from government intervention
- Honor the Doctor-Patient relationship
- Respect all the ways families are built and created

## LOOMING MANDATES

Back in February, President Trump announced the administration's intent to increase access to IVF by easing unnecessary statutory or regulatory burdens to make IVF treatment drastically more affordable. The executive order states that Americans need reliable access to IVF and more affordable treatment options.

It advocates for providing support, awareness and access to affordable fertility treatments to help these families navigate their path to parenthood with hope and confidence. A formal list of policy recommendations is expected soon to reiterate the executive order to protect "IVF access and aggressively reduce out-of-pocket and health plan costs for IVF treatment."

As plan sponsors await these policy recommendations, they should continue to evaluate the cost implications associated with IVF coverage along with value considerations related to comprehensive family-forming benefit packages best suited to their population.

## IVF COVERAGE UPDATE



Federal law does not require any health plans to cover infertility treatment. Federal lawmakers have introduced legislation in 2025 that would require health plans to cover infertility treatment, but its future is uncertain.



H.R. 2828—the Family Building FEHB Fairness Act—aims to extend IVF and infertility coverage nationwide by mandating that all Federal Employees Health Benefits (FEHB) plans include assisted reproductive treatments. If passed, this federal legislation would ensure comprehensive fertility coverage for federal employees, setting a precedent that could encourage private employers to expand their own benefit offerings.



Nearly half the states have enacted laws requiring at least some coverage for infertility services on at least some state-regulated health plans.



In most of those states, there's a requirement that some or all state-regulated health plans cover fertility preservation before a medical treatment that's expected to harm a person's fertility. Oklahoma joined this list in 2025, due to legislation the state enacted in 2024.



In most of those states, there's a requirement that some or all state-regulated plans cover the process of diagnosing infertility. But state rules requiring health plans to cover IVF are much less common.



In DC and nine states, state law or the state's Essential Health Benefits benchmark plan includes an IVF coverage requirement for individual/family health policies. In DC, state legislation implemented coverage requirements started in 2025, and the state's EHB benchmark plan will be expanded in 2026 to include extensive fertility treatments in 2026.



There are four states where the IVF coverage requirement only applies to large-group plans. In two states (California and Texas), insurers that offer group health plans must offer coverage for at least some infertility treatment, but employers get to decide whether to provide this benefit to their employees.



California enacted legislation in 2024 that will require state-regulated large group plans — but not individual plans or small group plans — to cover the diagnosis and treatment of infertility, including IVF, starting in 2026 for calendar-year plans.



The push toward a holistic fertility policy and expansion of IVF access for the general public will likely require legislative action, although the administration could take some steps on its own to expand coverage. For example, the Trump administration may focus on the high cost of fertility medications, which usually cost thousands of dollars for each cycle, and make these drugs part of an executive order calling for lower prescription drug prices. While cheaper, generic IVF drugs are available in Europe, none have been approved in the United States.



*Lisa Comerose*

Lisa Comerose, vice president of National Clinical Management Consulting at Marsh McLennan Agency (MMA), confirms that her organization recognizes the importance of family-forming benefits and ART, including IVF.

"We believe that supporting employees in their family-building journeys is essential for their overall wellbeing and job satisfaction," says Comerose. "We are aware of the federal policy recommendations aimed at protecting access to IVF. These recommendations are crucial in addressing the financial barriers many individuals face when seeking ART services. We are committed to staying informed about these developments and evaluating how they may impact our clients."

She says that while the recent order does not mandate changes, MMA recognizes the growing demand for comprehensive family-forming benefits.

"For example, we are continuously exploring vendors through our Vendor Innovation Council (VIC) to enhance the employer options for ART," she continues. "The VIC is comprised of MMA's Planning & Analytics for Total Health (PATH) team of 55+ physicians, RN-clinical consultants, and health management consultants, as well as other MMA account team members, evaluating each vendor up for consideration based on their services, capabilities, and overall performance to ensure we are bringing the best options to the table for our clients."

She maintains that coverage of family-forming benefits is absolutely a "must-have" to recruit and maintain top-level talent in this competitive environment.

"In today's competitive job market, offering comprehensive family-forming benefits, including ART coverage, is becoming increasingly important for attracting and retaining top talent," says Comerose. "Employees are looking for employers who support their personal and family goals and providing these benefits can significantly enhance the value proposition of an employer."

Many argue that these mandates are reshaping fertility benefits in the workplace, prompting employers across various industries to reevaluate their fertility benefit strategies. These policies are likely to set a powerful precedent, signaling that comprehensive fertility coverage could soon become a national standard. As more legislative efforts push for inclusive access to reproductive healthcare, businesses must proactively adapt to these changes to stay competitive and compliant.

For employers, these mandates introduce several key considerations:

- Ensuring compliance with new legal requirements, adjusting health plans to meet mandated fertility coverage.

- Anticipating increased demand for IVF and other assisted reproductive technologies, preparing for the financial and logistical implications.
- Providing equitable access to fertility care for all employees, including LGBTQ+ individuals, single parents by choice and those pursuing alternative family-building options.

“Beyond the need for compliance, embracing these changes proactively offers a strategic advantage,” says Dr. Adamson. “Companies that take the lead in expanding fertility benefits position themselves as industry leaders in workplace inclusivity, strengthening their ability to attract and retain top talent and support employee wellness. Navigating family-building can be stressful, but these benefits ease that burden and can increase employee satisfaction and productivity. Fertility benefits are becoming a core expectation, not an optional perk.”

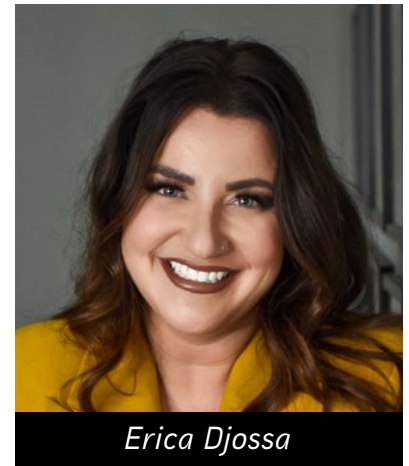
As employee expectations for family-forming support continue to grow, he advises that businesses that prioritize fertility coverage will not only foster a more inclusive workplace but also reinforce their commitment to employee wellbeing and reproductive equity.

“Fertility treatments can be emotionally, physically and financially taxing, often leading to stress, absenteeism and reduced workplace engagement,” advises Dr. Adamson. “By offering meaningful support through covered treatments, flexible work arrangements and mental health resources, employers can help alleviate these burdens, allowing employees to remain focused, engaged and productive while navigating their family-building journey.”

The stress and anxiety associated with ART cannot be overlooked, as Erica Djossa, CEO & founder of Momwell, shares, “Up to 60% of individuals going through IVF experience significant symptoms of anxiety or depression, and nearly 1 in 5 struggle with depression severe enough to impact their daily life.”

Djossa says the emotional toll of IVF is profound, often accompanied by uncertainty, grief, physical demands, and a lack of support.

“At Momwell, we’re working to ensure that mental health is recognized and integrated as an essential part of fertility care,” says Djossa. “Through our partnership with ARC Fertility, we’re helping individuals feel seen, supported and emotionally equipped to navigate every step of the journey.”



*Erica Djossa*

## **EMPLOYER IVF COVERAGE GAINS TRACTION**

As employers compete for top talent, offering comprehensive fertility benefits is essential. While many states mandate some form of fertility coverage, these mandates often have significant limitations and do not apply to self-insured employers.

To attract and retain diverse talent, companies are now designing benefits packages that include coverage for Assisted Reproductive Technology (ART), fertility treatments or procedures such as IVF, as well as a broad range of services, including surrogacy and egg freezing. These initiatives ensure that all employees, regardless of marital status, sexual orientation or age, have the opportunity to build the family they envision.

Mercer's 2024 National Survey of Employer-Sponsored Health Plans reported that 47% of large employers with 500 or more workers covered IVF, up from 45% the previous year. Among the largest employers (those with 20,000 or more workers), 70% provide coverage for IVF, an increase from 62% the year before.

Dr. Adamson adds, "By embracing evolving standards, businesses invest not just in their employees' family-building journeys, but in their own long-term success. Comprehensive fertility coverage is no longer just a competitive advantage. It is becoming a fundamental component of talent retention and recruitment strategies."

He points to research showing that 88% of employees would consider changing jobs for better fertility benefits, underscoring the growing demand for comprehensive reproductive healthcare. By offering IVF coverage and other fertility services, employers can differentiate themselves as industry leaders in employee wellbeing, ensuring they attract and retain top talent in a competitive job market.

Dr. Adamson counsels employers that offering comprehensive reproductive healthcare does not have to be cost-prohibitive, explaining, "With strategic planning and innovative cost-saving measures, companies can increase access to care that is both affordable and high-quality, ensuring employees receive the support they need without excessive financial strain."

He points to several effective approaches that enable businesses to stay competitive, support workforce wellbeing and foster a more inclusive workplace:

- Adopting packaged or bundled payment plans that allow employers to cover multiple IVF cycles at a negotiated rate. This method reduces financial risk while increasing the likelihood of successful treatment outcomes with more patient-centered and cost-effective care.
- Implementing a pay-as-you-go model. Instead of flat fees per employee, some companies opt for on-demand fertility coverage, meaning they only pay for treatments when they are actually used. This approach aligns employer spending with actual demand, making it a financially sustainable option for organizations looking to provide fertility benefits without unnecessary upfront costs.
- Partnering with specialized fertility networks can help employers lower costs while ensuring that employees receive evidence-based, high-quality care. These collaborations streamline treatment plans, provide discounted services and grant employees access to top-tier reproductive specialists, enhancing both efficiency and affordability.

Employers considering adding coverage for fertility benefits might be surprised that companies can offer these benefits with minimal additional cost to their medical plans. Including family-forming benefits may even reduce healthcare costs, as a study from the American Society for Reproductive Medicine compared states with insurance coverage mandates for IVF to states without such mandates.

The researchers found that people who lack access to fertility coverage or have limited coverage may try to save out-of-pocket costs by avoiding certain screenings or transferring multiple embryos to maximize their chances of successful implantation. But these cost-cutting measures increase the risk of multiple births, high-risk pregnancies or miscarriage. Covering fertility benefits can lead to safer pregnancies, fewer

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## ELEMENTS OF COST AND EFFICIENCY

Many employer-sponsored plans fail to offer standard coverage for the complex medical procedures and specialty medication associated with the IVF process, creating a significant expenditure for couples facing infertility. Typically, IVF is covered under the medical plan, although employers have the option to carve out this coverage to a vendor that provides specialized fertility benefit administration, network management and access to advocates and clinical resources. Select vendor solutions are designed to manage the cost of the care being delivered, educate recipients and members and help ensure optimal care outcomes.

According to the International Foundation of Employee Benefit Plans (IFEBC), more than 40% of employers now offer some form of fertility benefit, and that number continues to grow. In addition, 37% of employers offered paid adoption leave in 2024, signaling a broader shift toward family-forming support.

Advisors at Mercer point to several important considerations in designing a benefit:

- **Benefit limitations** Given the high cost of fertility services, nearly all employer health plans include lifetime benefit limitations to put parameters around the cost to the plan. These are typically dollar-based limitations (used by 54% of large employers providing IVF coverage) or limits on the number of cycles covered (used by 23%).

Given the variability in the specific services that a member may require, cycle-based designs offer members the flexibility to access clinically relevant services as needed without risking running out of coverage mid-cycle. According to our survey, the median number of cycles covered is three. Conversely, dollar-based designs allow employers to more accurately budget for their program costs while still providing access to care. The median lifetime dollar limit is \$20,000, which falls short of the typical cost for a single IVF cycle.

- **Pharmacy costs** Specialty pharmacy costs related to IVF can account for a significant portion of the total cycle cost, sometimes as much as 40%. Coverage for these medications can be provided either through an employer's pharmacy plan or carved out to a specialty fertility vendor. Regardless of the administration method, it is important for employers to understand what may drive variability in their fertility pharmacy costs, such as rebates, discounts and waste management practices. These variables can impact the extent to which the lifetime benefit maximum covers the total cost of treatment.
- **Quality of care** Perhaps most importantly, employers must consider the quality of the care that members can access. High-quality care, with providers that follow evidence-based medicine to develop clinically relevant, individualized treatment plans, may help members achieve their desired outcome more quickly with the fertility coverage available, while also minimizing the risk of downstream costs for complex newborn care.

While a medical plan network may include quality providers, specialty fertility vendors often function as centers of excellence, developing exclusive fertility provider networks that measure cost and quality of care delivered and providing care navigation within the network. Some vendors achieve outcomes that outpace national averages for clinical metrics reported by the Society for Assisted Reproductive Technology.



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Mercer offers these guiding principles for employers:

- Aim to offer at least a full cycle of care, whether through a dollar-based or cycle-based benefit design
- Provide equitable access to comprehensive fertility coverage
- Ensure members are accessing high-quality care

### AN IMPORTANT ROLE FOR BROKERS

With growing demand for employer-sponsored family-forming support, brokers have an opportunity to add real value to their benefits consulting services by helping their clients shape program offerings that meet evolving employee expectations. The employee benefits renewal season is an ideal time to proactively ask clients if their employees have inquired about family-forming support.

Courtney Hutchison, CEBS, market president, The MJ Companies, says that as an independent employee benefits broker and advisor, her firm often recommends that its clients add coverage for these services via their employee benefit programs.

"We first must ensure our clients' philosophies are aligned with the nature of these services and that supporting family forming benefits broadly are aligned with the strategic direction of each employer," she explains. "When there is alignment, these benefits are an effective way to ensure a comprehensive suite of benefits coverage for employees. We assist our clients in designing and managing their employee benefit programs, including, but not limited to, coverage options for ART."

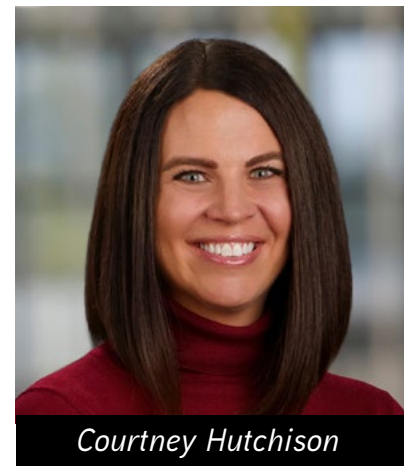
As family forming benefits continue to be a top area of focus for employers, as both a recruitment and retention component, Hutchison says it's important to remember that family forming benefits cover a wide spectrum of services, from fertility treatments to surrogacy to hormone replacement therapy during menopause.

"It is also common for an employer to cover only a subset of services in this broad category and/or to enforce coverage limits - all while ensuring alignment with their organizational philosophy and budget constraints," she notes.

As independent employee benefits brokers and advisors, the associates at Hutchison's firm are regularly engaged in strategic conversations with their employer clients about the role family forming programs may play in a broader total rewards strategy.

"We conduct vendor analyses on behalf of our clients and partner with a variety of family forming vendors and service providers to deliver these programs," she says.

At MMA, Comerose points to the roles of the organization's Chief Medical Officer, RN Clinical Consultants,



*Courtney Hutchison*

Health Management Consultants, and compliance who can provide the necessary resources.

“Additionally, our Planning & Analytics for Total Health (PATH) provides our clients with the necessary data analytics and clinical support to provide insights into family-forming benefits and utilization,” she explains. “Brokers, TPAs, and benefits consultants should indeed be prepared to provide guidance on these resources. They play a vital role in helping organizations understand the complexities of benefits offerings and ensuring that employees have access to the information and support they need. We encourage collaboration with these partners to ensure that employees receive comprehensive assistance regarding family-forming benefits.”

health benefit plans to include assisted reproductive treatment benefits.

Throughout the industry, there are high expectations that other states will consider similar legislation to California's law, given the increasing recognition of the importance of accessible family-forming options. A clear sign of the times is a new house bill -- the IVF Access and Affordability Act -- that would provide a federal income tax credit of up to \$20,000 for an individual and \$40,000 for a couple for fertility treatments.

A word of caution to those who champion these changes: at the time of this writing, even those who have met with White House officials say they are keeping their expectations in check, emphasizing that President Trump has yet to publicly make any concrete policy proposals.

The specifics will tell the story and help to guide employer decision-making on coverage for family-forming benefits. ■

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## A NEW ERA OF FERTILITY BENEFITS

The introduction of legislation represents more than just policy changes – it is a catalyst for a national transformation in employer-sponsored fertility benefits.

These statutes portend massive changes: notably, SB 729 in California that expands fertility insurance coverage, requiring large group health plans to cover infertility diagnosis and treatment, including IVF, along with H.R. 2828, requiring Federal employee