

Equitable Fertility and Family Building Checklist

65% of HR leaders invest in fertility and family building benefits to help meet their DEI goals¹. Yet many solutions hide restrictive language in the fine print that discriminates against LGBTQ+ couples and individuals, as well as single parents by choice (see box). Or they ignore the impact different financial, geographic, and biological needs can have on access to care under a lifetime dollar max plan.

Even with the best intentions, these one-size-fits-all solutions ultimately fall flat – limiting access to treatment and failing to acknowledge the many paths to parenthood in a way that disproportionately impacts LGBTQ+ and BIPOC communities. But it doesn't have to.

Whether you currently provide a fertility and family building solution or, are just starting your search – Knowing which questions to ask is the key.

Below is a list of questions to ask vendors to help you build an equitable fertility and family building benefit plan and have confidence you're making a difference for your employees.


- Does your policy contain language that requires a diagnosis of infertility or other requirements before an individual can access fertility treatment or the benefit?
- Are fertility specialists within your policy's in-network clinics screened and trained to provide inclusive fertility and family building education and treatment?
- Does your plan include a financial model that supports end-to-end episodic coverage?
- Are insurance or care representatives from your fertility and family building benefit trained to provide culturally competent fertility and family building education that is sensitive to each individual's journey?
- Does your policy's network include a diverse range of providers to meet each member's individual needs?
- Are adoption and surrogacy benefits included?
- Do employees have access to education on adoption and surrogacy, specifically around mental health and legal support?
- Do employees have access to LGBTQ+ family building education and resources? Adoption and surrogacy processes, laws, and costs can vary widely by state.
- Do your employee resource groups for parents and families support and acknowledge all paths to parenthood?
- Do parental leave and return to work policies acknowledge and provide support for various family structures, including adoption and surrogacy?

How does your current fertility and family building benefit measure up?

For more information on equitable fertility and family building benefits, visit www.progyny.com

Check the fine print

Many policies require a pre-certification or a diagnosis of infertility. This means an individual must have "unprotected heterosexual intercourse" for a predetermined amount of time before they can proceed to treatment or require a member must pay out of pocket for IUI and associated medications before more effective treatment can be pursued. That's why 68% of LGBTQ+ individuals offered employer-sponsored coverage aren't able to access it.²



Infertility is defined as the inability of opposite sex partners to achieve conception after one year of unprotected intercourse; or the inability of a woman to achieve conception after 6 trials of artificial insemination over a one-year period.

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¹ Willis Towers Watson. (2020). *Emerging Trends in Healthcare*.

² Progyny. (2023). *Progyny's LGBTQ+ Fertility and Family Building Survey*.