



Surveying the fertility benefits landscape:

Are employee needs being met?

Infertility is a disease that impacts one in six according to the World Health Organization and the American Medical Association. Despite its prevalence, there is a lack of coverage for fertility services and care. However, more employers are starting to recognize the need for coverage; last year, nearly a third of large employers said they were planning to add fertility and family building benefits¹.

This expanded access to fertility and family building benefits should be applauded. The impact stretches from the deeply personal, as more people can realize their dreams of becoming parents, to the highly practical, where employers can reduce high-cost claims and retain top talent.

A CLEAR NEED:

82%

of employees said they would be more attracted to an employer that has fertility and family benefits.

74%

would be more likely to return to work after parental leave if their employer offered fertility and family benefits.

73%

feel more loyal to their employer because they offer fertility and family benefits.

Fertility benefits make good business sense.

Learn why →

As employers start to evaluate adding fertility coverage to their benefit packages, they quickly realize that it can be hard to compare vendors because of the variety of coverage models, including: dollar cap (which includes reimbursement/wallet models) and cycle-based.

Typically, complex conditions like fertility that require specialized care — such as diabetes or cancer — are covered by health plans comprehensively, where care teams are empowered to develop individualized plans that prioritize the member's health and wellness, and all the required treatments, testing, and services are considered part of that episode of care. Fertility coverage, on the other hand, has traditionally been fee for service, which leaves members with the burden of monitoring the cost of each service, often submitting receipts and even running out of money before care is complete.

Knowing that, it begs the question — can dollar cap and traditional carrier models deliver the support required for a member experience that improves outcomes? Progyny conducted a survey of more than 1,400 respondents who have used fertility benefits in the past five years to find out what their experiences have been like with these models.

1. Mercer, Health & Benefits Strategies for 2023 report



The survey uncovered four main areas that drive dissatisfaction with dollar cap and traditional fertility benefits:

- 1. Compromised care:** 53% of respondents reported having to compromise on aspects of their provider-recommended fertility care due to cost, while only 1 in 3 reported having enough coverage to meet their treatment needs. The consequences of compromised care range from incomplete treatment to higher-risk pregnancies. This leads to negative health outcomes, higher medical costs, and ultimately wasted spending on treatments that don't yield results.
- 2. Wasted money:** When employees' decision-making is guided by costs rather than the best treatment for their situation, they are often forced to make decisions that lead to unnecessary healthcare spend (for example, transferring an embryo that isn't viable because diagnostic tests were skipped to avoid hitting the member's dollar cap). Among survey respondents, 60% said they spent money on medication or treatment that was wasted.
- 3. Feelings of exclusion:** Traditionally underserved groups, such as non-partnered, non-white, or LGBTQ+ employees, reported dissatisfaction with their dollar cap and traditional carrier benefits. Nearly $\frac{1}{3}$ of respondents didn't feel there was a care path option that fit their family building scenario. Meanwhile, 19% of those who reported dissatisfaction said the care they received was not culturally sensitive.
- 4. Increased stress and mental load:** 74% of respondents said fertility and family building is the first complex area of their health insurance they have tried to navigate. While nearly a quarter (24%) who wanted to use their benefits reported simply giving up because they were too complex to understand or use.

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60%
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scenario

63%
said their work
productivity suffered
due to the stress from
trying to conceive or
build a family

These issues reinforce the need to revisit benefit strategies within the context of the patient experience – **how can fertility benefits better meet employee needs and provide a superior experience for the entire population?**

Driven by cost considerations, employees are making decisions that put their health at risk

When employees make decisions driven by cost considerations rather than the best course of treatment, the result is often poor outcomes. Decision-making guided strictly by costs can lead to high-risk pregnancies, miscarriages, or multiples (twins and triplets), posing a financial burden on employees and employers, and adding to an already heavy emotional burden for employees.

The survey found that:

- 74% of respondents made **decisions about their fertility or family care based on cost.**
- 53% of respondents **compromised on aspects of fertility care** recommended by their provider due to cost.
- Only **1 in 3 respondents agreed they had enough coverage** to meet the treatment needs of their family building journey.

Want to learn more about the cycle-based vs. dollar cap model?

[Read this explainer](#)

74%

of employees surveyed felt more loyal to employers who offered fertility benefits.

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respondents agreed they had enough coverage to meet the treatment needs of their family building journey.

The solution:

A best-in-class fertility benefit includes an equitable benefit design that covers a full episode of care (rather than a dollar cap where members have to keep track of every service and can hit a monetary limit before care is complete). With an equitable benefit design, quality and cost are aligned so providers are incentivized to provide the best care and members are empowered to pursue the treatment recommended by their provider. This results in less wasted medicine, less overall treatment, and more effective spend for employees and employers.



Employees are wasting time and money – and their employers are paying for it

Dollar cap fertility benefits often lead to wasted time and money. Employees are not only spending time decoding complex benefits – they're also missing more work. Cost-based care decisions often end up costing an employee and employer more in the long run as medication is wasted, more treatments are needed for successful outcomes, and incomplete care often leads to negative outcomes, such as pregnancy complications or miscarriages. For employers, this means lost productivity, higher healthcare costs, and increased employee absence.

The survey found that:

- 67% of respondents reported they **spent more time than they expected** trying to understand the cost of treatment and/or what was covered.
- 65% of respondents found the **payment and insurance authorization process of their coverage was complex** and time consuming.
- 60% of respondents reported they **spent money on medication or treatment that was wasted**. This is unfortunately a common problem among some fertility solutions – sometimes, a plan can require a member complete a certain number of IUI treatments, even if this isn't the best treatment for that individual. This requires the member to undergo unneeded treatment before proceeding to a more clinically appropriate treatment path. Additionally, medication waste often happens with dollar cap and traditional carrier benefits. Fertility medications must be timed specifically to a treatment cycle, so medications are often overprescribed to accommodate authorization and delivery delays that could impact treatment.

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The solution:

Comprehensive fertility benefits that enable coverage for a full episode of care can mitigate treatment, medication and maternity costs. When this benefit design is combined with clinically connected patient support, covered Rx, and access to a large, highly qualified network, fragmentation is reduced and members are able to receive the medical care they need. Comprehensive care rests on a patient-centric approach that prioritizes personal, proactive support and integrated education, from a member concierge support team to individual clinics and providers. This focus on meeting patient needs is **proven to consistently drive better outcomes**. The result is a high-touch patient experience and less wasted time and money for employees.



Underserved groups feel left out

Eighty-two percent of respondents would be more attracted to an employer that has fertility and family benefits. However, when it comes to dollar cap and traditional carrier benefits, underserved groups often have an unsatisfactory experience. Traditional infertility diagnosis tends to exclude populations such as single and LGBTQ+ parents from receiving support from the very outset of their family building journey. [Progyny's 2024 LGBTQ+ Fertility and Family Building Survey](#) found that 49% of survey respondents with a fertility benefit were locked out of access because the benefit required a precertification or a medical diagnosis of infertility. These exclusions disproportionately impact the LGBTQ+ community as infertility is rarely the barrier they are trying to overcome to build their families.



Our survey of the fertility benefits landscape revealed that, on **average, LGBTQ+, non-partnered, and non-white communities report 24% less satisfaction** than their heteronormative white counterparts.

We found:

- a 21% satisfaction gap for those who did not identify as heterosexual;
- a 24% satisfaction gap reported by non-partnered respondents (single, widowed, divorced, or separated);
- and a 28% satisfaction gap reported by non-white respondents.

The solution:

To address these gaps, a fertility and family building benefit must consider the diverse needs of employees, including those from traditionally underserved groups. An inclusive benefit would:

- Feature an equitable plan design (e.g. covering full cycles of treatment)
- Provide access to high-quality, culturally competent care (e.g. accessible providers, full geographic coverage, diversity in race and gender)
- Support all paths to parenthood with clinically integrated member support (for couples, single parents, those adopting or using surrogacy, etc.)

Employees are stressed from navigating complicated benefits

The design of dollar cap benefits can add an emotional and logistical burden for employees during what is already an enormously stressful time. This can create a greater mental load, especially when it comes to understanding the financial aspects associated with fertility treatment. In some cases, employee confusion over how a dollar cap benefit works may cause them to avoid using it altogether.

The survey results show that employees feel frustrated by their dollar cap benefits:

- 64% of respondents found **financial aspects of their fertility and/or family coverage difficult to understand**.
- Of respondents who wanted to use the dollar cap benefit offered by their employer but didn't, 24% said they didn't **understand the benefits** and 18% said the **benefits aren't easy to use or access**.
- 61% of respondents found the **medication management aspects of their fertility and/or family coverage confusing**. Medication is one of the most complex parts of the fertility journey, and without clinically integrated support, members are left to navigate this alone, which can also result in wasted medication.

64%

of respondents found their dollar cap or traditional carrier coverage hard to understand

The solution:

Employees need a simple benefit design and someone who can guide them as they navigate their fertility journey. The survey underscores the importance of an individualized approach to care: 40% of respondents ranked a personal, dedicated care advocate as the most important thing for fertility and family planning. Meanwhile, an expert who could help employees understand the financial component of care was ranked as the third most important aspect of fertility and family building services.



Progyny understands the patient experience

Founded in 2016, Progyny continues to innovate in the fertility, family building, and women's health benefits space — putting the needs of our members first and consistently driving industry-leading outcomes. Employers who choose Progyny fertility benefits enjoy:

- More effective spend and less waste on treatment and medication costs
- Fewer high-cost claims and high-cost scenarios for employees (such as multiples)
- Consistent, superior outcomes for employees (e.g. more live births)
- Increased employee satisfaction, higher productivity, and greater presenteeism



Methodology

Progyny commissioned an online survey of more than 1,400 adults across the United States. Through screening questions in the survey, we reached individuals who have used fertility benefits in the past five years to better understand how the patient experience is impacted by dollar cap and traditional carrier coverage. Respondents were asked about their experience with family building coverage available through employer-sponsored programs, how it impacted them, and what factors would have made them feel more supported.

To learn how to build a better benefits package with Progyny, contact us:

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