

Fertility Coverage

Group health plans may or may not cover some form of fertility coverage, such as in vitro fertilization (IVF). Typically, plans will at least cover diagnosis and treatment of underlying conditions that may cause infertility.

Coverage Mandates

- There is no federal mandate requiring employers to offer fertility coverage, including IVF coverage, as part of the group health plan.
- In determining whether fertility benefits must be offered, individual state mandates must be reviewed.
- Not all states mandate coverage for IVF.
- Whether a plan is fully insured or self-insured impacts whether state mandates apply.
- Fertility insurance laws exist in 21 states with 14 of the laws including IVF coverage – see below map.

Group Health Plan Funding Status

Self-Insured

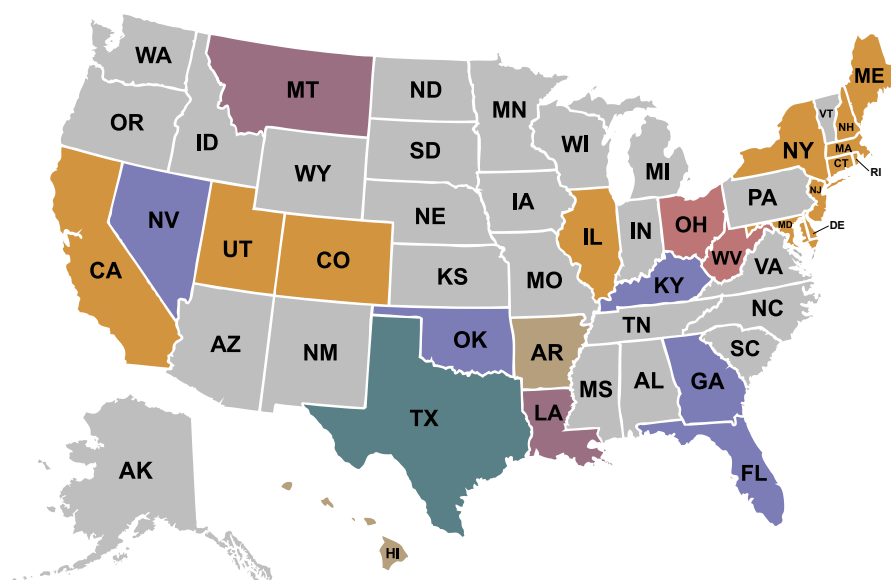
- Self-insured plans fall under federal law.
- Employers have more flexibility as to whether coverage is offered and to what extent.

Fully-Insured

- Fully insured plans are subject to state mandates.
- Plan design availability based on carriers and size of group vs having flexibility to add or remove coverage.

Other Considerations

- Individual carrier capabilities and limitations.
- Bills and legislation are regularly being proposed and looked at in individual states.
- Always refer to the plan documents as this will dictate coverage and exclusions.



Insurance Coverage by State

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| States with IVF and fertility preservation coverage | States with fertility preservation coverage |
| States with IVF coverage | States with some infertility coverage |
| States with fertility preservation and some infertility coverage | States with fertility preservation and offer (not require) infertility of IVF coverage |

Source: RESOLVE: The National Infertility Association