



Coverage at Work Toolkit

Introduction

Thank you for downloading RESOLVE's Coverage at Work Toolkit!

The goal of our program is to make sure that you are empowered with the tools and information that you need to ask your employer for infertility coverage.

Many employers appreciate and welcome input from their employees pertaining to their lives outside the workplace. By understanding the needs of their employees, employers can make better, more educated decisions. It all begins with making the initial ask.

This guide will walk you through using the toolkit, following through, and how to get additional support from the RESOLVE community.

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PART ONE

Making a plan

You might be asking yourself – why me? Why should I be the one to ask for coverage?

Because in this moment, no one cares more about this issue than you, and the most powerful change starts at the grassroots level. Plus, you won't be doing this alone – RESOLVE has the information, tools, and support to help you via our Coverage at Work program.

By simply raising awareness of a gap in employer benefits, you can begin the process for better pro-family benefits for you and your entire organization. RESOLVE has seen many employees ask for coverage, present the facts to their employers, and win.

Part of our Coverage at Work Checklist includes finding out who the decision maker is at your place of employment before sending them a customized version of the template letter in our toolkit.

In most cases, the Human Resources department is responsible for what gets covered, but there is one person, likely the VP of HR, that gives the final say. Make a plan to figure out whom to contact and what their timeline for decision making is. More specifically, find out:

- How they make their coverage decisions.
- Who is involved and what is their background?
- Ask what they need to make their decision and what else you can provide for them.
- Offer to give them your own research on the benefits of adding fertility treatments to their health insurance plan.
- Ask for a timeline for a decision and schedule your next meeting. (Coverage changes for a given year must be made before open enrollment, which typically occurs between September and November.)

Get personal

It can be difficult to share your personal story - one involving sex, money and (fertility) drugs – yet it is a powerful tool in showing people the inequality of coverage and the magnitude of the impact on one's work and personal life.

Remember, no one cares about changing this aspect of coverage right now more than you. You must lead the campaign for change to the end. You can do it!

Don't be afraid to share the personal details you feel comfortable with when making the ask from your employer.

Additionally, keep in mind your employer's point of view when customizing your template letter. Think about your organization's mission statement and goals and remember that benefits for infertility coverage are family friendly, build employee loyalty, and can help increase employee retention.

Get inspired

Head over to our website to look at the success stories of employee advocates just like you who have made the ask and obtained coverage – not just for themselves, but their entire organization.



PART TWO

Getting support

Now that you've started making a plan, maybe you're ready to jump right in and make the ask of your employer or maybe you're feeling a little hesitant. Either way, we're here to support you.

Schedule a phone call with RESOLVE's Senior Manager for Coverage at Work to talk about your plan or be introduced to an employee mentor who has already made the ask for family building benefits.

Join our community

Looking for even more support?

Join our Coverage at Work Facebook Group to talk with other advocates, get input from our Coverage at Work mentors, and get ideas from our entire community.

Once you've made the ask for coverage, you can help others by sharing best practices that you've found as well!

Following up

Once you've made the ask with your employer, don't forget to follow up – with them and with us.

Find out the concerns that your company has in adding fertility treatment coverage. For most companies the perceived cost of adding coverage is a huge factor. In your letters or meetings, explain to them that there are hidden costs to not covering fertility treatments and costs are not likely to increase by adding this coverage.

Also, make sure to follow up with us! If your employer has any concerns that you're unsure of how to address, reach out to us and we can help you through the process. Similarly, if your ask is successful, let us know so that we can celebrate with you!

RESOLVE contact information

coverageatwork@resolve.org



RESOURCE: Coverage at Work Checklist

MY EMPLOYER AND INSURANCE INFORMATION		
Human Resources/Benefits:	Contact Name(s)	
Human Resources/Benefits:	Email	
Human Resources/Benefits:	Address	
Human Resources/Benefits:	Phone Number	
CHECKLISTS		
Determine the type of coverage plan you currently have	Read more about your employer and your options here	
Search your State to see if they have a mandate	Read more about state mandated coverage here	
Identify who the decision makers are regarding your benefits plan in your company	You can find this by contacting your human resources/Benefits department	
Download the Coverage at Work Toolkit	<ul style="list-style-type: none"> • Sample Letter for Employers • Insurance Coverage Facts • Impact of Infertility Insurance Benefits on Employee/Employer Relationship 	
Personalize your Sample Letter	Link your request to your organization's mission or goals to be family friendly	
Need Support?	Schedule a call with our Coverage at Work manager for extra support in making your case	
Make the ask	And follow up!	
Share your story with RESOLVE	And let us know how it went/how we can help	

RESOURCE: [Template Letter](#)

Your Name
 123 Your Street
 Your City, ST 12345
 (123) 456-7890
 no_reply@example.com

Day Month 20XX

Name of HR Contact
 CEO, Company Name
 123 Address St
 Anytown, ST 12345



Dear [Name]:

I have been an employee of [Company Name] for the past _____ years. My partner and I are suffering with the disease of infertility and request that you consider covering infertility treatment in [Company Name] health benefit package.

Often employers believe that adding an infertility coverage benefit will increase health care costs. However, studies indicate that including comprehensive infertility coverage in a health benefit package may reduce costs and improve outcomes.

A 2021 survey of employers, conducted by the consulting firm Mercer, found that virtually all (97%) respondents offering infertility coverage did not experience a significant increase in their medical costs, and this includes employers that cover in vitro fertilization (IVF). (Mercer 2021)

Often patients select treatment based on what is covered in their health benefit plan rather than what is the most appropriate treatment. For example, a woman having trouble conceiving because of blocked fallopian tubes or tubal scarring may opt for tubal surgery, a covered treatment, which can cost \$8,000 - \$13,000 per surgery. Many patients are forced to forgo IVF because it is not a covered service even though it costs about the same as tubal surgery and statistically is more likely to result in a successful pregnancy.

A 2011 study showed that patients in states without IVF insurance mandates had higher multiple pregnancy rates due to transferring significantly more embryos per cycle than states with coverage for IVF (Martin JR, et al. Insurance coverage and in vitro fertilization outcomes: a U.S. perspective. Fertil Steril. 2011). Couples with insurance coverage are free to make more appropriate decisions with their physicians based on medical necessity rather than financial considerations; the latter often results in multiple births with a high rate of complications during and after pregnancy.

Preterm birth, low birth weight, and high rates of disability are common and expensive complications of multiple births. (American College of Obstetricians and Gynecologists, 2019. Tobias T, et al. Promoting the use of elective single embryo transfer in clinical practice. Fertil Res and Pract. 2016) Employers spend 12 times as much on healthcare costs for premature or low birth weight infants as they do for babies without complications. Preterm births cost employers more than \$12 billion in excess healthcare costs. (United Health Group, 2017).

A 2014 study estimated that the national savings from fewer multiple births would be over \$6 billion a year, making it likely that insurers could potentially save tens, if not hundreds, of millions of dollars a year by providing IVF coverage since patients will no longer be forced to use medical options that are riskier. (Allen, B, et al. On the cost and prevention of iatrogenic multiple pregnancies, Reproductive BioMedicine Online (2014), doi: 10.1016/j.rbmo.2014.04.012)

According to a 2003 Harris Interactive Poll, 80% of the general population believes infertility treatment should be covered by insurance. (Harris Interactive Inc., Survey, 2003). And a subsequent poll in 2019 found that most Americans (84%) think treatments should be affordable for anyone who needs it (Harris Interactive Inc., Survey, 2019). In the 2021 Mercer survey, the primary reasons cited by employers for covering infertility treatment were to “ensure employees have access to quality, cost-effective care,” “stay competitive to recruit and retain top talent,” “be recognized as a family friendly employer,” and “support diversity, inclusion and equity (DEI) efforts.”



According to the American Society for Reproductive Medicine (ASRM), 85-90% of infertility cases can be treated with conventional medications. (ASRM website, Quick Facts About Infertility). IVF accounts for less than 3% of infertility services, but for some patients Assisted Reproductive Technology is the only option to have a baby.

Please let me know if you would like any additional information on this issue. I hope [Company Name] will consider offering infertility coverage and support our family building efforts. Thank you for your consideration.

Sincerely,

[Your Name]

RESOURCE: Insurance Coverage Facts

Myth: Adding an infertility coverage benefit to a health benefits package will increase health care costs.

FACT: Studies indicate that including comprehensive infertility coverage may reduce costs and improve outcomes.

According to a 2021 employer survey conducted by consulting firm Mercer, 97% of respondents offering infertility treatment have not experienced an increase in their medical costs as a result of providing this coverage. ([MercerSurvey,2021](#))

Myth: If a health benefits package includes some form of coverage, it does not need to include others.

FACT: There is no one-size-fits-all treatment for infertility, but often patients select treatment based on what is covered in their health benefits plan rather than what is most appropriate treatment.

For example, a woman having trouble conceiving because of blocked fallopian tubes or tubal scarring may opt for tubal surgery, a covered treatment, which can cost \$8,000-\$13,000 per surgery. Many patients are forced to forgo in vitro fertilization (IVF) because it is not a covered service even though it costs about the same as tubal surgery and statistically is more likely to result in a successful pregnancy.

According to William M. Mercer, “The decline in use of high-cost procedures like tubal surgery would likely offset the cost to include IVF as a benefit and provide improved health outcomes.” (William M. Mercer, Infertility as a Covered Benefit, 1997).

Myth: Offering family building benefits will increase the likelihood that an employee will have a child and then leave.

FACT: A 2016 online consumer survey commissioned by RESOLVE of more than 700 employees pursuing IVF found that those with employer-provided IVF benefits had higher satisfaction with their employer compared to respondents without coverage. Covered employees were less likely



to miss time from work due to treatments, psychological stress, depression or other conditions related to infertility; were more likely to recommend their employer as a place to work; and felt their employer listened and met their needs and cared about their well-being.

A 2017 survey conducted by FertilityIQ of patients who had undergone IVF found that employees who had their IVF covered reported being more likely to remain in their job for a longer period (62%), were more willing to overlook shortcomings of their employer (53%) and were more likely to work harder (22%).

ADDITIONAL FACTS

- In 2018, a survey conducted by Willis Towers Watson indicated that 55% of companies offered some form of family building benefit to their employees and predicted an increase to 66% of employers by the end of 2019.
- 12% of American women have difficulty becoming pregnant or staying pregnant and will need infertility services.
- 63% of LGBTQ millennials are considering having children and may need Assisted Reproductive Technology to have a family.
- In states with mandated infertility insurance, the rate of multiple births is lower than in states without coverage. (New England Journal of Medicine, “Insurance Coverage and Outcomes of In Vitro Fertilization,” August 2002). Couples with insurance coverage are free to make more appropriate decisions with their physicians based on medical necessity rather than financial considerations that often result in multiple births and a high rate of complications during and after pregnancy. Preterm birth, low birth weight, and high rates of disability are common and expensive complications of multiple births.^[66]
- Preterm birth, low birth weight, and high rates of disability are common and expensive complications of multiple births. (American College of Obstetricians and Gynecologists, 2019. Tobias T, et al. Promoting the use of elective single embryo transfer in clinical practice. Fertil Res and Pract. 2016) Employers spend 12 times as much on healthcare costs for premature or low birth weight infants as they do for babies without complications. Preterm births cost employers more than \$12 billion in excess healthcare costs. (United Health Group, 2017)
- Comprehensive infertility coverage may reduce premium expense by as much as \$1 per member/per month. According to The Hidden Costs of Infertility Treatment in Employee Health Benefits Plans, insurance premiums that now indirectly provide coverage for “hidden” infertility benefits—surgeries to remove scarring in a woman’s fallopian tubes or varicose vein removal for men—were calculated to be adequate to cover more effective and often less expensive treatments such as ovulation induction, intrauterine insemination and in vitro fertilization. (Blackwell, Richard E. and the William Mercer Actuarial Team, 2000)
- The cost of infertility services as a percent of the total health premiums went down after the 1987 Massachusetts mandate. (Study by Griffin and Panak, Fertility & Sterility, 1998).
- According to a 2003 Harris Interactive Poll, 80% of the general population believes infertility treatment should be covered by insurance. (Harris Interactive Inc., Survey, 2003).

Impact of Infertility Insurance Benefits on Employee/Employer Relationship

An anonymous online survey of 702 employees, who had at least one *in-vitro* fertilization (IVF) egg retrieval in the U.S., assessed how infertility benefits offered, as part of the employee's health insurance, impacted their relationship with their employer (July/August 2016).

People needing IVF with employer-provided infertility/IVF health insurance have higher satisfaction with their employer

"Knowing we were covered put my mind at ease and I was able to focus on working"

4x

Feel their employer meets the needs of today's families compared to those without coverage



Less likely to miss time from work due to infertility

2.5x

Recommend their employer as a great place to work

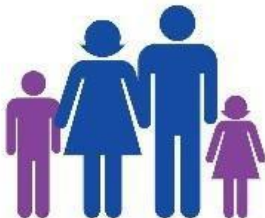


1.5x

"We feel extremely thankful and loyal because we would not have our child if there had not been coverage"

2x

Believe their employer is family friendly



Believe their employer listens to their needs

2.5x

1.5x

Feel their employer cares about their well-being



"I'm never quitting the company. I owe them my life"

Insurance Coverage

"This is why I stay at my job"

"They are a company we feel loyal to because they are helping us through the toughest chapter of our life"

"Makes me feel more loyal to my employer"

51% had health insurance covering some diagnostic tests and/or infertility treatment

Of those with insurance, **47%** reported less than half the cost of one full IVF cycle was covered



Out of Pocket Costs



61% of respondents without IVF insurance paid out-of-pocket costs between \$15,001 and \$30,000 for one cycle of IVF

"Makes me feel undervalued and that this disease is not important. I feel discriminated against and angry at my employer"

"They are behind the times in health coverage"

"I'm looking for another job, I want to leave"

"It makes me think that there has to be a better place to work: a place with better benefits and better understanding"

Respondents

- Average age: 31-35 years old
- 85% White, 13% Hispanic, 1% African American, 3% Asian
- 89% full-time employees
- 83% non-union employees
- Average income: \$75,001-\$150,000



For more about insurance coverage at work, visit: resolve.org/coverage-at-work

Support for this research: www.provt.com

ARC Fertility, Carpinteria, CA

EMD Serono, Framingham, MA

RESOLVE: The National Infertility Association, Falls Church, VA

EMD
SERONO **resolve**

www.resolve.org
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ADDITIONAL RESOURCES

[Model Benefits for Fertility Treatments](#)

The RESOLVE team is proud to announce RESOLVE's Model Benefits for Fertility Treatments, including IVF and Fertility Preservation. This new resource has been vetted by healthcare providers, human resource professionals, and payers because we know that most employers want as much validated information as possible before making a decision.

[Mercer 2021 Fertility Benefits Study](#)

The Survey on Fertility Benefits is the second such survey and was commissioned by RESOLVE: The National Infertility Association. The first was conducted in 2006, and one of the goals of this current study is to assess how employer offerings and attitudes have changed since that time.

[Employers and Evidence-Based Infertility Benefits](#)

EMD Serono is proud to partner with RESOLVE: The National Infertility Association to create this educational employer White Paper.

Updated on September 24, 2021, this white paper addresses the needs of employees seeking assistance to overcome infertility and can help as a resource for your employer to attract and keep valued employees and may help them contain health care costs over the long term. We hope that employers will use this White Paper as a guide to help them get started in making an in-depth and informed decision about their fertility benefits.

[Family Equality Council: LGBTQ Family Building Survey](#)

The LGBTQ Family Building Survey provides new insight into how many lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are interested in becoming parents, and how they are planning to do so. Most significantly, the data reveals dramatic differences in expectations around family building between LGBTQ Millennials and older generations of LGBTQ people.

ADDITIONAL RESOURCES

[FertilityIQ: The FertilityIQ Family Builder Workplace Index: 2019 – 2020](#)

Each year between November and March over 50,000 global FertilityIQ users provide copies of their employer's policy on family building coverage. FertilityIQ thereafter tallies, collates and scores employers based upon on multiple factors including broadness of benefit design, accessibility, flexibility for employee choice (e.g. nature of clinic networks), and ability to provide rigorous, non financially-conflicted education. For a full copy of the detailed report, please reach out to FertilityIQ.

[Glassdoor: 4 in 5 Employees Want Benefits or Perks More Than a Pay Raise; Glassdoor Employment Confidence Survey](#)

According to Glassdoor's Q3 2015 Employment Confidence Survey¹, nearly four in five (79%) of employees would prefer new or additional benefits to a pay increase.

[Employers prioritize family-friendly benefits: Findings from the 2020 Emerging Trends in Health Care Survey – US](#)

By 2021, half of employers expect to cover fertility services beyond the diagnosis of infertility. This number is expected to rise to 63% by 2022.

Find all RESOLVE Coverage
at Work program resources
on our website.

