



Your Guide to Financial Planning for Fertility Treatment

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Financial Support

Considering fertility treatment to help grow your family? Now is the perfect time to prepare for a healthy pregnancy and family-building success.

Why? Because before your journey moves to the doctor's office, it takes some financial planning. It's normal to feel overwhelmed or wonder how you'll pay for treatment, but we have some good news. Because infertility is classified as a medical disease by the American Medical Association, many diagnostic tests and treatments may be covered by medical insurance.

Explore helpful information about open enrollment, how to find out what your plan covers, alternative ways to afford treatment, and where to turn for support as you begin this process.



Want to talk to our team?

Call (203) 956-2265 to get connected.





01

Where to Start: Determining Your Fertility Coverage

First, start by assessing your current insurance plan. Will it cover fertility testing? What about other procedures or treatment costs?

If you have an employer that offers health insurance and you want to switch to a new plan, find out whether there are other options that may work better for your needs, with higher limits or access to more fertility-related medications. Contact your insurance company or HR department for more information on your specific policy.

You can usually make changes during open enrollment, a period that typically runs from November 1st through December 15th each year.

Next, find out how much you've already paid towards your insurance deductible this year. If you have met your deductible, it's time to talk to your fertility specialist about scheduling tests now that can be used to guide treatment next year (before your new deductible kicks in). This can save you from having to meet another year's deductible before getting maximum coverage.

Don't have a fertility specialist yet?

[Here's how to choose the best fertility clinic.](#)

Defining Infertility



17.5%

of the population is affected by infertility

that's about



1 in 6 people

Source: World Health Organization (WHO)

Male fertility factors account for about



Female fertility factors account for about



Infertility in a couple is called “unexplained infertility” (a combination of difficulties on each side) and accounts for



Guidelines from the American Society for Reproductive Medicine suggest that:

Women under the age of 35



try for **12** months

Women over the age of 35



try for **6** months



Are You Trying To Conceive?

Regular menstrual cycles between 24 to 36 days (count from day 1 to day 1 of next menstrual flow) are needed to become pregnant. Inconsistent reproductive cycles indicate you should see a fertility specialist sooner than 6 to 12 months.



Proactive Fertility Awareness

If you have had unprotected sex regularly for any extended amount of time (i.e. 6 months or more) – count that time as “trying” time even if you weren’t actively trying to conceive.

Sources: Reproductive Facts; SART



03

Insurance & State Mandates

Open enrollment is usually the only chance to make changes each year to your insurance plan (with a few exceptions, such as changing jobs or getting married).

Watch company webinars or attend on-site meetings with insurance providers and/or your benefits administrator. Ask questions about what the plans offer, then obtain and read a copy yourself, and determine specifically what the plan covers for fertility treatments.

CONNECTICUT RESIDENTS

Connecticut law requires most insurance companies to cover infertility diagnosis and treatment, including up to four cycles of ovulation induction, a maximum of three intrauterine insemination (IUI) cycles, and up to two in vitro fertilization (IVF) treatments.

The Connecticut State Mandate requirements do not apply to employees in self-funded insured plans or to employees who work for certain religious groups.





NEW YORK RESIDENTS

The New York State fertility mandate requires most health insurance plans in the state to cover certain fertility treatments:

- Up to 3 IVF cycles (fresh embryo transfer or frozen embryo transfer) to people who get their health insurance from a fully-insured employer who has coverage on the Large Group market. These are companies with 100 or more employees.
- Medically necessary fertility preservation medical treatments for people facing iatrogenic infertility, that is, infertility caused by a medical intervention, such as radiation, medication, or surgery, in all commercial markets, including those getting insurance from the Individual market, as well as the fully-insured Small Group and Large Group markets.

If you are unsure if these Connecticut or New York laws apply to you, now is a great time to verify these benefits with your HR department or benefits manager.





04

Understanding Your Policy & Fertility Benefits

Learn how to work with your insurance carrier. The relationship need not be adversarial, but patients sometimes must be persistent before they receive answers that are accurate to their specific situations.

Call your insurance representative as often as you need to when you have questions. Keep careful notes and when possible, get the name of the person who is helping you and their call back information. Check your billing statement and Explanation of Benefit (EOB) documents to make sure they are correct.

In order to compare policies, first read your current plan and make sure you understand it thoroughly.

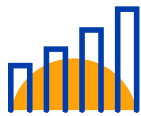


Here is what you need to know in order to ask the best questions and make an informed decision.



Criteria to be met before accessing coverage:

- Are there diagnostic or testing requirements?
- Is IUI required before IVF? Will coverage include treatment for ovulation induction? Use of donor eggs or sperm? Surrogacy?
- What, if any, deductible must be met before reimbursement kicks in?
- Which state's laws apply to your employer's insurance contract? (If you work in Connecticut, it may be a New York policy, for example.)
- Make sure you understand how the company defines "unlimited." It may mean that the treatment is deemed medically necessary, and you may need your medical team to advocate for you.



Maximums

- Is there a lifetime maximum or is there coverage for each year?
- What is the maximum lifetime amount that will be covered?
- Are medications included in the lifetime max?
- Fertility medications



Deductibles

- Is there a pharmacy deductible?
- What medical services go toward meeting deductibles?
- Are there medical services that go toward meeting deductibles even if there's no fertility coverage?
- How do out-of-network services affect the deductible?
- If there is fertility coverage and no physician in network in the geographical area, how is that handled?





05

Planning Ahead for Fertility Treatment

In addition to making coverage decisions during the open enrollment period, take advantage of any savings that might present themselves at the end of the year.

If you and/or your partner have met your insurance plan's annual deductibles, you can schedule the fertility testing that must precede any fertility treatment cycle.

By scheduling these diagnostic tests before the end of this year, you will be prepared to begin treatment next year.

Most test results are reliable for up to 6 months.



What to Do Before December 31st



FOR WOMEN

- Physical exam
- Blood work to identify any issues with ovulation
- An X-ray to look for uterine abnormalities
- Evaluation of quality and quantity of eggs
- Blood work to check levels of ovulatory hormones, as well as thyroid and pituitary levels
- Ultrasound to look for uterine or fallopian tube disease



FOR MEN

- Physical exam
- Semen analysis of volume and quality
- Blood infection or hormone problems
- Check of the penis, scrotum, and prostate

FIND OUT IF YOU HAVE:

- A hypothalamic or pituitary disorder (1-2%)
- Sperm transport disorder (10-20%)
- Gonad disorder (30-40%)
- Unknown causes (40-50%)





06

Other Ways to Afford Fertility Treatment

Manage Medical Savings Accounts

Flexible Spending Accounts and similar programs offer tax benefits, and they also help you save for medical expenses both unexpected and planned. Now is the time to check the balance in your account and decide if you should be spending some of your money before the end of the year.

Flexible Spending Account (FSA)

You can have up to \$3,200 a year withheld from your pay and deposited into an FSA. The money will not be taxed but you may have to spend it all before Dec. 31. Some employers provide a grace period of 2½ months to spend the money, or allow you to carry over up to \$500 into the next year. If you don't spend the balance at the end of the year or grace period, you lose it.

Make sure that you investigate all the details of the account, particularly any exclusions, so as not to make any costly missteps.





Health Reimbursement Account (HRA)

Employers put money into an HRA to reimburse workers for medical expenses, including health insurance premiums. Some HRAs have monetary limits, other forms have no limits. There are also no annual requirements to spend down the account.

Health Savings Account (HSA)

If you have a high deductible health plan (HDHP), you can put money into an HSA tax-free. The account will roll over each year and you can also use it to pay for other qualified medical expenses. Self-employed people can set up an HSA with higher annual amounts. Some banks and other financial institutions offer HSAs, in addition to insurance companies.

Illume Fertility assigns each patient their own financial counselor to help them understand their insurance coverage and options.





07

Fertility Treatment Grants & Loans

Illume Fertility helps patients understand their insurance coverage and any accounts that encourage saving for fertility-related medical expenses.

Some states offer grants or loans to residents.

In Connecticut, the Nest Egg Foundation provides grants of up to \$20,000 for patients undergoing IVF if they can prove financial need, meet specific clinical criteria and are treated at designated centers, which include Illume Fertility.

In New York, the state earmarks nearly \$1 million annually for residents who earn less than \$195,000 per year and who are good candidates for in vitro fertilization (IVF).

For more information on grants and other resources, [read this guide](#).





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Financial Plans Offered by Illume Fertility

We want as many people as possible to receive the fertility treatments they need, no matter their financial status.

With that mission in mind, we work to eliminate financial obstacles, allowing patients to budget wisely, avoid cash flow problems, and hold on to their savings and investments. We also advocate for expanded fertility coverage at the national and state levels, partnering with organizations such as [RESOLVE](#).

There are no pre-payment penalties, hidden fees, or down payment requirements. And payment plans are individually tailored with low fixed or variable interest rates.

After your first consultation at Illume Fertility, your assigned financial counselor will review your treatment plan and explain the various options to make family building affordable, even without employer insurance.





**Ready to take
the next step?**



Call us at 203-956-2265



Visit illumefertility.com