



Trying To Conceive?

Financial Planning Guide to Fertility Treatment

rmact.com

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What is Infertility?

If next year is the year you plan to tackle infertility and undergo fertility treatment, now is the time to prepare for a healthy pregnancy and family building success.

Why? Because before fertility treatment moves to the doctor's office, the financial aspects should be in order. Some very good news is that because infertility is classified as a medical "disease" by the American Medical Association, many diagnostic tests and treatments may be covered by medical insurance.





01

Where to start - determining your Fertility coverage

A good place to start is by assessing your current insurance plan. Will it cover fertility procedures? If you work for an employer that offers health insurance, this is the time of year you can switch to a new plan during “open enrollment,” which lasts through Dec. 15. Find out whether there are other plans which will work better for you, with higher limits or access to more fertility related medications.

Next, look into how much you have already paid toward your insurance deductible this year. If you have met the deductible, its time talk to your fertility specialist about scheduling tests that can be used to guide treatment next year, after your new deductible kicks in, saving you from having to meet another year’s deductible.

Finally, If you have met the deductible, it’s time to talk to your fertility specialist. Choose one of the several variations that work best for you.

What is Infertility?

12.5%

of the population is affected by infertility

that's about

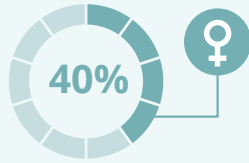


1 in 8 couples

Male fertility factors account for about



Female fertility factors account for about

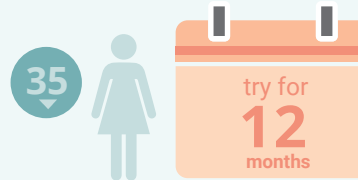


Infertility within a couple is called "unexplained" infertility (a combination of difficulties on each side) and accounts for

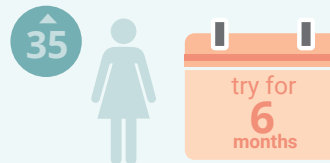


Guidelines from the American Society for Reproductive Medicine suggest that:

Women under the age of

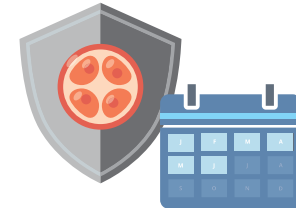


Women over the age of



Are you Trying To Conceive?

A woman needs regular menstrual cycles between 24 to 36 days (count from day 1 to day 1 of next menstrual flow) 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 **6 months** or more — count that time as "trying" time even if you weren't actively TCC.

There are some age issues with men, regarding genetic issues, but not as prominent as with women.



Sources:

www.reproductivefacts.org/faqs/quick-facts-about-infertility/resolve.org/infertility-101
www.sart.org/SART_Frequent_Questions/



03

Act now- take advantage of open enrollment

The open enrollment period is usually the only chance to make changes each year (with a few exceptions like 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.

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NEW YORK RESIDENTS

Effective January 1, 2020, New York requires all Large Group insurance providers to cover up to three cycles of IVF for people with a medical diagnosis of infertility. The mandate also requires insurance plans to cover egg and sperm freezing for medically necessary purposes, including, but not limited to sickle cell anemia, cancer diagnosis, and surgery for endometriosis. Due to the current definition of infertility - '12 months of unprotected sex without achieving a pregnancy' - unfortunately, this mandate does not cover same-sex male couples.

Additionally, the mandate leaves out providers in fully-insured Small Group plans (companies with less than 100 employees), employers with self-insured plans, Obamacare, and Medicaid. Ask your employer's HR or benefits staff if your employer is fully-insured or self-insured. If your employer is self-insured, they can choose to cover IVF and fertility preservation.



04

Understanding your policy and 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.

See the companies working with RMA of Connecticut to offer fertility insurance.

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

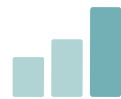
04

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



Criteria that need 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?



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

Get next year's Fertility work-up done this year

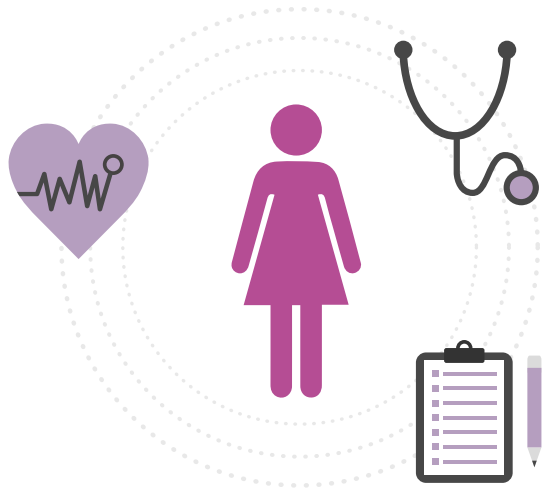
In addition to making your coverage decisions during the open enrollment period, take advantage of any savings that might present themselves at the end of the year. If you have met your deductibles, for example, schedule infertility diagnostic tests for men and women that must precede treatment for any infertility cycle. Your fertility doctors can rely on the tests for up to six months as your treatment begins.

If you have met your insurance deductible, you can:

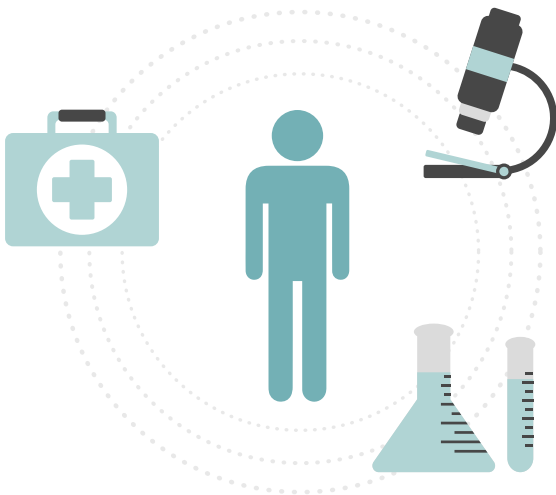
- schedule diagnostic tests before end of the year in order to prepare for treatment next year.

Many of the test results are reliable for up to **6 months**.

Tests to get by December 31



- Physical exam
- Blood work to confirm the ability to confirm ovulation testing
- An X-ray to look for uterine abnormalities
- Examination for Evaluation of quality and quantity of eggs available for ovulation
- Checks for ovulatory, thyroid and pituitary hormones
- Hormone tests Check levels of ovulatory hormones, as well as thyroid, and pituitary levels
- Ultrasound to look for uterine or fallopian tube disease.



- 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%)**
 - Gonad disorder **(30-40%)**
 - Sperm transport disorder **(10-20%)**
 - 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

You can have up to **\$2,650** 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.

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Health Reimbursement Account (HRA)

Employers put money into an HRA to reimburse workers for medical expenses, including health insurance premiums. Some HRAs have limits of **\$5,050** for a single person and **\$10,250** for family coverage. 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 – generally **\$1,350** for an individual and **\$2,700** for a family – 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.

RMA of Connecticut helps patients understand their insurance coverage and any accounts that encourage saving for medical expenses.



07

Your financial options beyond the insurance companies

RMA of Connecticut helps patients understand their insurance coverage and any accounts that encourage saving for fertility medical expenses.

Some states offer grants or loans to residents.

In Connecticut, the Nest Egg Foundation provides grants of up to \$10,000 for patients undergoing IVF if they can prove financial need, meet specific clinical criteria and are treated at designated centers, which include RMA of Connecticut.

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.

Insurance coverage in CT and NY



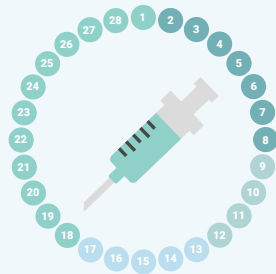
Both states mandate that insurance companies cover certain fertility treatments. But each is different in important ways.



Up to

4

cycles of
ovulation
induction



A maximum of

3

intrauterine
insemination (IUI)
cycles



Up to **2** in vitro fertilization
(IVF) cycles

with a maximum of
2 embryos
transferred
per cycle



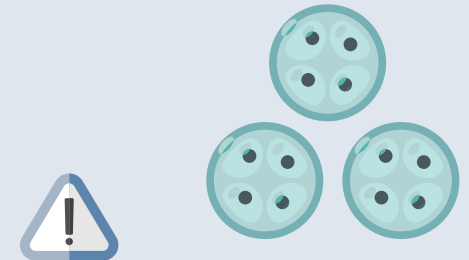
Diagnosis and treatment for patients
with a medical diagnosis of infertility.



Egg and Sperm freezing for
medically necessary purposes.



Up to **3** in vitro fertilization
(IVF) cycles



See New York exclusions on page 7



In both states, If your employer's insurance is "self-funded," the mandates don't apply! You may be able to purchase an insurance rider that will pay for some or all fertility treatment expenses not covered in your plan, whether it is self-funded or not.

A close-up photograph of a person's hand holding a silver pen over an open notebook. The person is wearing a blue sweater. The number '08' is overlaid in large white font on the left side of the image, with a horizontal line above the '0'.

08

Financing offered through RMA of Connecticut

RMA of Connecticut wants to make it possible for virtually all couples to receive the fertility treatments that they need, no matter what their financial status. We work to eliminate financial obstacles, allowing patients to budget wisely, avoid cash flow problems and hold on to your savings or investments.

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.

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At your first visit to a RMA of Connecticut office, an Insurance & Billing Advocate will review your treatment plan and explain the various options to make family building affordable, even without employer insurance. Here are some of the programs we offer:

- For patients who do not have coverage for an initial consultation or diagnostic cycle, RMA of Connecticut offers the [**Fertility Consultation Opportunity Plan**](#) – a review of your full medical history, previous records review, and a discussion about the next steps to take towards your family building goals – and the [**Fertility Work-up Opportunity Plan**](#), which allows patients to pay a flat fee for diagnostic testing to determine their individualized treatment plan.
- For patients who are planning to work with egg donors or surrogates, RMA of Connecticut offers the [**Surrogacy Opportunity Plan**](#) and the [**Donor Egg Opportunity Plan**](#), which make these options more affordable. The Surrogacy Plan Plus helps ensure multiple embryos are available for more than one transfer cycle.

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- Another option for patients without fertility-friendly insurance coverage is [**IUI Opportunity Plan**](#) program, which covers oral and injectable medications and the IVF Opportunity Plan, which includes medication and [**IVF Opportunity Plan**](#) with PGS, which includes embryo screening. Both plans offer access to high-quality care that otherwise might not be affordable.
- The Essential IUI Plan is a less aggressive approach for infertility treatment and is used to increase the chances of conceiving.
- When you are not ready to start a family immediately, the [**Egg Freezing Opportunity Plan**](#) allows you to plan for the future without letting financial concerns get in the way.

08

- The **Simple Cycle Plan** is for women who don't want to use the drugs that stimulate follicle development. The Simple Cycle Plus Plan is for women who wish to limit those medications.
- Women who have been previously treated with IVF often have frozen embryos that can be used to continue building a family. The **Frozen Embryo Plan** addresses those costs.
- The Multiple Cycle Egg Freezing Discount Plan offers a treatment discount to women and trans patients who may need multiple egg freezing cycles.
- Sometimes an embryo fails to adhere to the endometrial lining. The ERA Opportunity Plan helps address the costs of the ERA test.
- We work with a third party lending company, The Lending Club, to offer loans and lines of credit offering a variety of terms to fit your financial profile.

Ready to start talking about Fertility Treatment?

Need more information about this critical open enrollment period?



Call us at
203-956-2265



Visit one of our
four Connecticut
locations



rmact.com