

AFFORDING INFERTILITY TREATMENT:

insurance, treatment packages, financing AND refund guarantees

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WHILE DIAGNOSTIC TESTS FOR INFERTILITY ARE OFTEN COVERED BY INSURANCE, TREATMENT COSTS USUALLY ARE NOT. EVEN THOUGH OVER A DOZEN STATES HAVE LAWS MANDATING VARIABLE COVERAGE FOR INFERTILITY AND IVF TREATMENT, MANY PATIENTS ARE NOT COVERED BY THESE LAWS AND MANY MORE LIVE IN STATES WITH NO OR LIMITED COVERAGE. THEREFORE, MOST PATIENTS HAVE TO PAY FOR TREATMENT, THE COST OF WHICH CAN RANGE FROM APPROXIMATELY \$1,000 FOR THE SIMPLEST INTERVENTIONS SUCH AS CLOMIPHENE TO \$6,000 TO \$12,000 FOR A SINGLE CYCLE OF IVF, WITH MEDICATIONS AND SPECIALIZED LABORATORY SERVICES COSTING \$3,000 TO \$10,000 MORE. THE USE OF DONOR EGG OR GESTATIONAL CARRIERS CAN ADD \$5,000 TO \$30,000.

Although IVF success rates have doubled in the past decade to approximately 40% live birth per egg retrieval for younger patients, at age 40 success rates are 20% per cycle or less, meaning that the majority of patients will require at least two or more IVF cycles to conceive. However, after 3 cycles of IVF, including the use of frozen embryos obtained from those cycles, most patients less than age 40 can have a 60% to 90% chance of having a baby.

Therefore, the major barrier to having a family for most infertile couples is not biology or technology, but financial. Many infertile patients never even see a physician simply because they think they cannot afford treatment. Studies have shown that 30% to 50% of patients in infertility specialists' offices either drop out of infertility treatment or have less care than is appropriate for them, thereby lowering their chances of having a baby, because of perceived financial barriers to treatment. And while the costs of high technology infertility treatment can be substantial, for most infertile patients they are not insurmountable in the context of lifetime costs of raising a child, the average being approximately \$250,000 to raise a child to high school graduation, and more for college. So, just as with other major life investments such as education, home and retirement, it is important

that infertile patients become knowledgeable about their options and plan so that they can give themselves their best chance to have a baby.

The first step is to contact your insurance company to obtain in writing what is covered under your plan so that you can maximize the amount that you are reimbursed. Often your physician's office will have a financial counselor who can help you with information, but usually you will have to do much of the "legwork." The second step is to evaluate objectively all of your financial assets to determine how much you have, and how much of that you are prepared to spend on the different treatment options. These financial assets include cash flow from your employment, available cash in the bank, credit cards, bank loans, retirement funds, home equity lines of credit and other hard assets such as property or real estate. This is not to say everyone should utilize all these assets to get a baby, but some or all of these will be acceptable to varying degrees with different patients. You also want to consider the availability of money from family members.

The third step is to meet with the financial counselor in your physician's practice to determine what financial programs they have available. Some

practices will offer you a payment plan within the practice, others will refer you to a local bank or a national lender such as Family Fee™ Plan that has experience in health care consumer lending. There is wide variability in the nature of the programs in the different practices, so you must be certain that you understand the details. Integred, a national healthcare company, is another option that makes available financing and refund plans for patients in their practices. You can get more information about these programs by contacting The AIA.

My concern over patients' financial struggles led me to form Advanced Reproductive Care® (ARC), a national physician-owned company. ARC practices can offer comprehensive treatment package plans. The advantage of package plans is that you know how much you have to pay for any one IVF cycle, and often these package plans are discounted or have free extra services such as free frozen embryo transfer cycles or assisted hatching, so they are a good deal and make IVF affordable. In most instances, the package can be individualized so that it is coordinated with any insurance coverage you might have, and can be modified to include much of the cost associated with drugs, facilities and even donor egg agency costs. With multiple cycle packages such as the ARC Three-cycle Plus™, patients can receive up to 3 fresh IVF and 3 frozen embryo cycles with most patients paying only approximately the price of two fresh cycles. These packages give you your best chances for a baby, and allow you to plan because you know exactly what the cost will be for all the care that is appropriate for you.

The disadvantage is that if you have a baby on your first cycle, which will occur in 25% to 40% of patients, you will have paid more than if you had just bought the one cycle. But you would also have the baby you wanted. For 60% to 70% of patients the 3-cycle option brings them out financially even or ahead, and the 3-cycle option always offers the best chances for a baby. You can also get more information about ARC programs from The AIA.

WHEN IVF FAILS, THE RETURN OF A SUBSTANTIAL AMOUNT OF MONEY CAN OFTEN ALLOW YOU TO ADOPT, PURSUE OTHER ALTERNATIVES OR REPLENISH YOUR FINANCIAL RESOURCES. REFUNDS ENABLE YOU TO START YOUR FAMILY DESPITE FAILED MEDICAL TREATMENT.

The other advantage of package pricing offered by national companies is that excellent financing can be arranged to help pay for the package. Patients who use ARC can access national experts who help you apply for credit that is very competitively priced, often helping you arrange credit with two or more sources. So you can have assistance in putting together a financial package that meets your individual needs, and allows you to pay back the money over 3 to 6 years. These packages with financing can reduce anxiety and allow you to concentrate on getting the best

medical care to give you your best chances. Additionally, such packaging reduces dramatically the paperwork, time, complexity and anxiety of dealing with insurance companies trying to understand payments and obtaining authorizations for care.

Another advantage of receiving your care through a national company providing treatment packages and financing plans is that you have the option of purchasing a money back or refund guarantee that does not put the physician at risk for paying back your money, a situation that has been criticized for creating potential ethical concerns. The ARC Refund Guarantee™ can be purchased by any patient who is undergoing the ARC Three-cycle Plus. The cost will vary based on the cost of care, your physician's protocols and your chances for success. This guarantee returns to you the money you have spent on treatment in the event you do not have a live birth following all your infertility treatment, and is backed by ARC and Lloyd's of London, not your physician.

When IVF fails, the return of a substantial amount of money can often allow you to adopt, pursue other alternatives or replenish your financial resources. Refunds enable you to start your family despite failed medical treatment. Money back guarantees can make the cost of attempting IVF predictable, in that you know you will pay a certain amount if you are successful, and a much lesser amount if you are not. This allows younger patients, who may have good credit but not cash, to start their families when they want to, when their chances for success are higher and when the cost is less. You can elect to purchase any refund amount from \$1,500 to the total

cost of medical care, associated IVF costs and pharmaceuticals

The final step is for you and your partner to discuss the benefits and costs of each medical treatment (e.g. no treatment, standard treatment, IVF, donor egg, donor sperm, gestational carrier), social option (e.g. adoption, child free living) and financial choices potentially acceptable to you. It is also important to consider the time frame that impacts your treatment choices. Any treatment that involves use of the woman's own eggs involves a rigorous assessment of how long certain treatments will be tried before moving on to the next one, since the passage of time reduces chances considerably, especially in older women. However, the woman's age has little impact on

the chance of success when using donor eggs or adopting, so you can take longer to decide whether or not to pursue these options. This gives you a longer time to acquire the money, and you can spread the costs over a longer period of time. All of these factors can make multiple IVF cycles, donor egg or adoption possible over the longer term when they might not be in the shorter term.

Through smart financial planning, most infertile patients can give themselves their best chances for their own genetic baby, keep open their other options, make treatment affordable, reduce anxiety by making costs predictable, focus on their treatment rather than money, reduce the complexity of insurance authorizations and

paperwork and limit the financial burden in the unfortunate event of no live birth following treatment. Today there are many more financial choices for patients, and it is easy to quickly become familiar with the opportunities available. Just talk with your doctor or call The AIA for more information.



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