Overview

Senate Bill 139 with Senate Amendment 1:

• Requires health insurance offered in Delaware provide coverage for fertility care services including In Vitro Fertilization for individuals who suffer from a disease or condition that results in the inability to procreate or to carry a pregnancy to live birth

• Also provides for fertility preservation for individuals diagnosed with cancer or other diseases where treatment could adversely impact their fertility

• Expressly exempted employers who self-insure their health insurance plans
Current State Group Health Plan Infertility Coverage

Infertility services are covered for:

• Artificial Insemination (AI) and Intrauterine Insemination (IUI)
• In Vitro Fertilization (IVF) and related procedures

Coverage parameters:

– Dependent Children are not eligible
– Women must be at least age 18 and not have reached their 45th birthday
– Must be approved for coverage due to proven infertility problem which is not due to voluntary sterilization of either partner
– Age appropriate AI and IUI must be tried before IVF
– $10,000 lifetime medical limit for all infertility services
– $15,000 lifetime pharmacy limit for all infertility services
– Members pay 25% coinsurance for medical services and prescriptions
Current State Group Health Plan  
Medical Infertility Coverage

- Number of members currently approved for IVF and who have not reached the medical maximum of $10K – 325
- Number of members currently approved for IVF and who have reached the medical maximum of $10K and are under age 45 - 93
# Current State Group Health Plan Infertility Medical Claim Costs FY15 to FY18

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Paid</th>
<th>Member Share</th>
<th>Members</th>
<th>Plan Paid / Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
<td>$953,311</td>
<td>$167,207</td>
<td>427</td>
<td>$2,232</td>
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<tr>
<td>FY17</td>
<td>$1,259,662</td>
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<tr>
<td>FY18</td>
<td>$902,788</td>
<td>$237,447</td>
<td>441</td>
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</table>
## Current State Group Health Plan
### Infertility Birth Costs FY15 – FY 18 Total

<table>
<thead>
<tr>
<th>FY15 – FY18</th>
<th>Number of Births</th>
<th>Delivery Cost per Contract</th>
<th>Total Delivery Costs</th>
<th>Neonatal Cost per Contract</th>
<th>Total Neonatal Costs</th>
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</thead>
<tbody>
<tr>
<td>Single Births</td>
<td>181</td>
<td>$10,000</td>
<td>$1,810,000</td>
<td>$21,000</td>
<td>$3,801,000</td>
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<tr>
<td>Twin Births</td>
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<td>$21,000</td>
<td>$315,000</td>
<td>$106,500</td>
<td>$1,597,500</td>
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<tr>
<td>Grand Total Three Year Costs</td>
<td></td>
<td></td>
<td>$2,125,000</td>
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<td>$5,398,500</td>
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</tbody>
</table>
# Current State Group Health Plan
## Prescription Infertility Coverage

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Paid</th>
<th>Member Share</th>
<th>Members</th>
<th>Plan Paid / Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
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<tr>
<td>FY17</td>
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<tr>
<td>FY18</td>
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<td>$125,840</td>
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<td>$2,423.73</td>
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</tbody>
</table>

*final costs for infertility being reviewed*
Changes to Current Coverage with Senate Bill 139

• Dependent Children are eligible
• Women are eligible for embryo transfer up to age 50
• Can be approved for coverage due to voluntary sterilization if now with different partner than when sterilization occurred
• Age appropriate AI and IUI need not be tried before IVF in certain circumstances
• No lifetime medical limit for all infertility services
• No lifetime pharmacy limit for all infertility services
• Services/prescriptions are to be provided at same cost share as those provided for non-fertility related services/prescriptions which would remove the 25% coinsurance currently paid by the members
• Cryopreservation and thawing of eggs, sperm and embryos
Cost to Adopt Senate Bill 139

• Medical estimates to cover all changes to current coverage as per prior slide:
  – $5.25M

• Prescription estimates to cover all changes to current coverage – removing limits and changing cost share:
  – $1.45M

• Total - $6.7M
QUESTIONS?