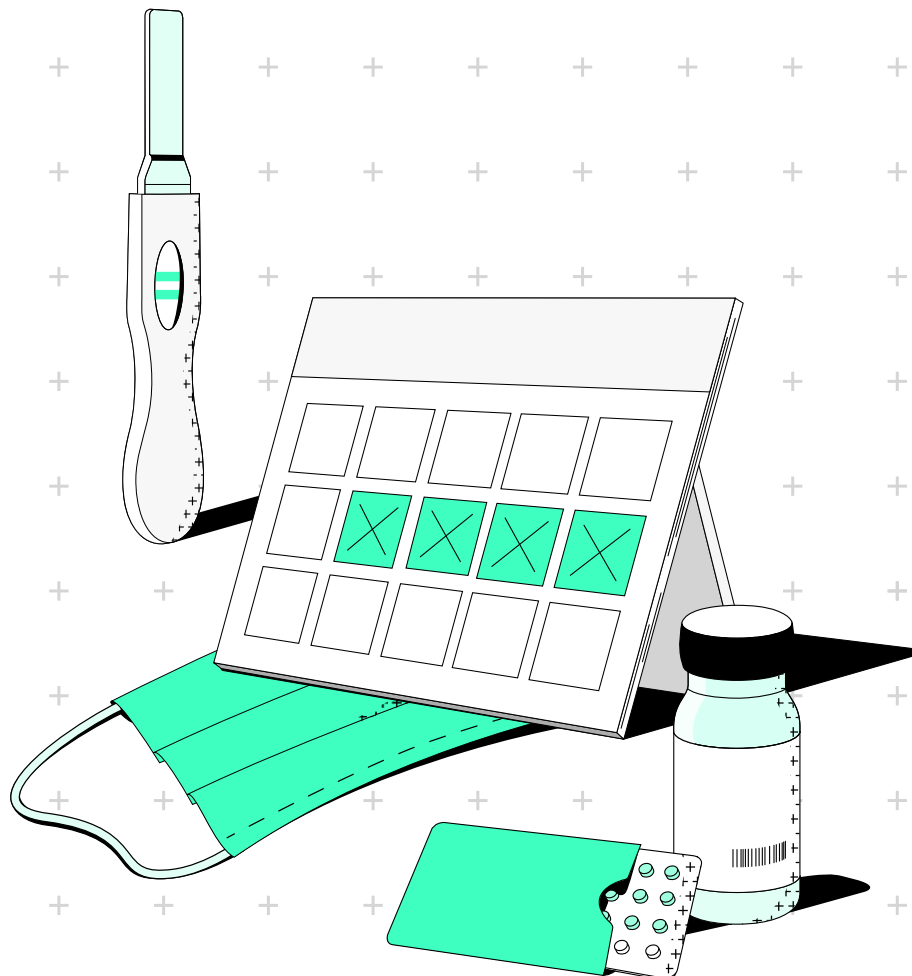


+ IMPACT OF COVID-19 ON FAMILY PLANNING

There are predictions of a baby bust. But for those with employer benefits, the outlook is very different.

AN EVERNORTH REPORT
FEBRUARY 2021



The pandemic impacted our world. But not our desire to build families.

COVID-19 changed our lives. Added masks to our wardrobes. And turned dining rooms into conference rooms and classrooms for working parents and their kids. Although we gave up large family gatherings, 77% of Americans now spend more time with immediate family.¹ What impact does that have on people's desire to have children?

We also can't ignore the fact that millions of people lost jobs due to the pandemic. That could have a significant impact on their decisions to expand their families. But what about people who kept their employer-provided medical benefits? Would their family planning stay the same if they maintained coverage?

To find answers and help employers make benefit decisions, we conducted a nationally representative online survey in late 2020. We compiled responses from **2,000 women, ages 25-45 with employer-sponsored benefits who reported a pre-pandemic desire to have a child or expand their family.** The survey assessed women's attitudes and behaviors around family planning before and during the pandemic.

The results are more complex than predicting a baby bust or boom. **We found most respondents who maintained health insurance also maintained their goals to build families.** And for those who now have different goals, their intentions range from delaying to accelerating family planning.

Continue reading for a summary of our key findings. And for more detailed insights to help you prepare for what's next in family planning and fertility. All exclusively from Evernorth—health services built on the recognition that health is the starting point for human potential and progress.

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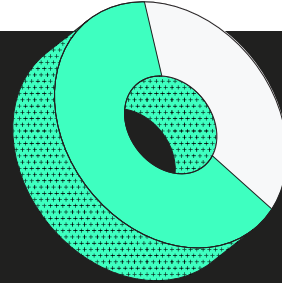
KEY FINDINGS



We don't see a baby bust for women who maintain their health benefits.

60%

of respondents are not changing their family planning



13% of respondents want more children than previously planned



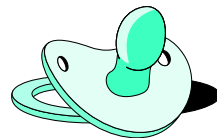
17% of respondents ages **35-45** want more children than previously planned



6% of respondents decided to have no additional children due to the pandemic



14 months is the average delay for those pausing their family planning



34%

of respondents would change jobs, or encourage their partner to do so, for better pregnancy, fertility and adoption coverage

Women 35-45, who are more likely to need fertility treatment, surrogacy or adoption,² will turn to employer-sponsored benefits or seek out companies that offer those benefits.

We saw these trends across all races, regions and education levels.

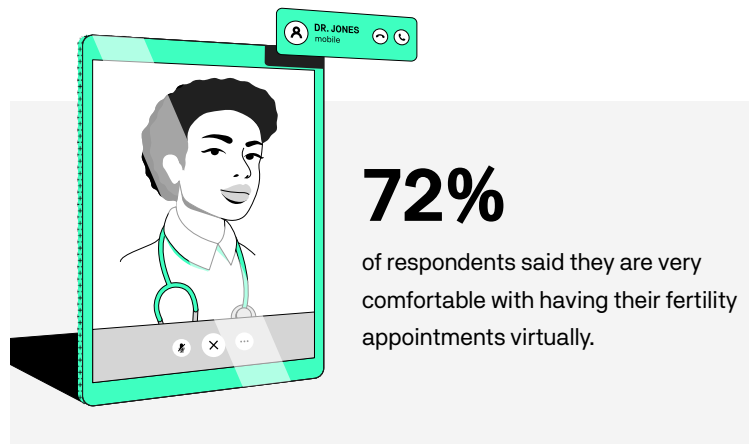
BEHAVIORAL + UTILIZATION TRENDS

60% → NO CHANGE

**No change in coverage or intentions.
Big changes in behavior.**

Three out of five respondents see the pandemic as temporary and won't delay their goals because of it. Or, they plan to expand their families, but weren't going to start within the next year. This group is mostly younger Millennials, ages 25-35.

Prospective parents who need help conceiving are staying the course too. When certain fertility treatments were under a mandated suspension between mid-March and May, 63% of respondents stopped treatments.³ **However, 75% of those women have already restarted or plan to restart treatments within a year. The rising popularity of telehealth appointments has made resuming treatment an even easier decision for some.**



Survey responses align with claims data from Express Scripts, an Evernorth company.

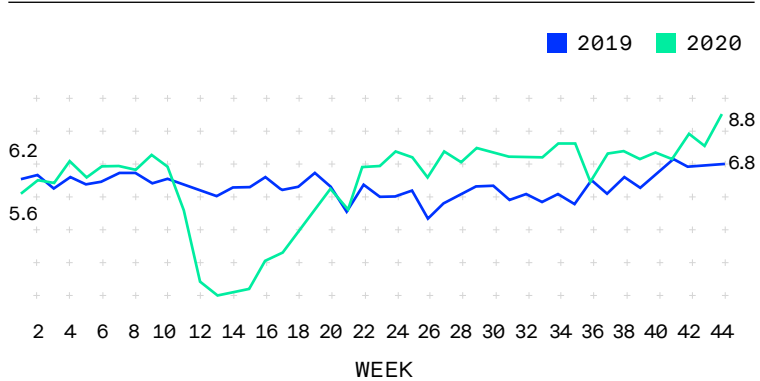
80% decrease in claims for fertility medications when providers were forced to suspend certain fertility treatments.⁴

42% near-immediate increase when most fertility treatments resumed—reaching pre-suspension levels within 6 weeks.⁴

3% increase in overall claims for the year compared to 2019—a steady increase in claims, despite the pandemic.⁴

INFERTILITY DRUG UTILIZATION WEEKLY TREND

ADJUSTED RXS PER 100K LIVES



A changing, dynamic workforce.

Up to 2 million women are considering leaving the workforce because of childcare responsibilities due to the pandemic.⁵

Family benefits may make the difference when working women decide to walk away or return to the office. 63% of employees say benefits are their deciding factor for a job.⁶

The best way to invest in employees? Invest in their benefits.

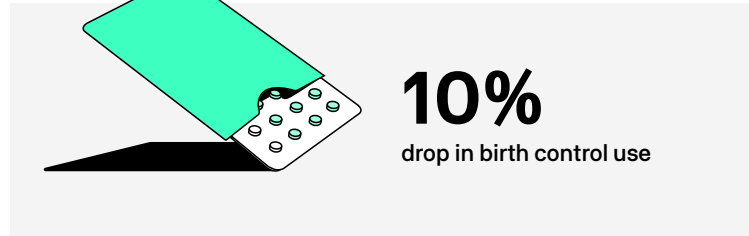
- + 61% of employees feel greater loyalty when they have parental and fertility coverage.⁷
- + 53% would stay longer with a current employer if they provided fertility coverage.⁷
- + Over 60% of employers and health plans say they need to increase fertility benefits within the next few years.⁸

These factors could put companies with strong parental and fertility coverage at a distinct advantage for courting talent post-pandemic.



Benefits are the second most important consideration for job seekers. Only behind salary.

Sex is up. Birth control is down.



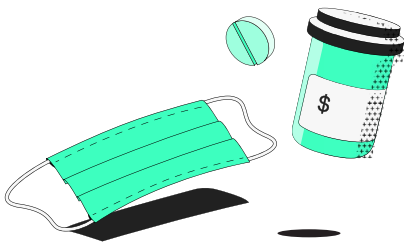
During the pandemic, **38% of our participants report increased sexual activity.** Gen X women (born 1965-1980) report the highest increase at 49%. Even respondents who want fewer or no additional children report a 47% increase in sexual activity.

Study participants also report a 10% drop in birth control use—even though access and costs remained the same. For employers, that could mean a rise in births and parental leave over the coming months. Or, when couples try to conceive on their own and are unsuccessful, they may look to fertility benefits to cover options like in vitro fertilization (IVF), surrogacy or adoption.

In 2020, women also changed their behavior after giving birth. Express Scripts noted a 29% decrease in contraceptive fills for women who had a child in 2019. Their use of infertility medications was also up slightly. Despite the pandemic, women with coverage seem less likely to avoid another pregnancy, even after giving birth.⁹

27% → NO ADDITIONAL OR FEWER CHILDREN DURING THE PANDEMIC

Seeing a delay. Not a drop.



Of respondents who are choosing to delay or have no more children, 80% cite either practical or financial factors for their decision.

Reasons for fewer or no children

(Respondents could list multiple factors)

PRACTICAL	51% state they don't want to give birth during a pandemic
FINANCIAL	29% cite a lack of financial stability and the increased expenses of raising a child
EMOTIONAL	27% are concerned about beginning a child's life in the current environment



As we recover as a society and economy, the need for fertility coverage will rise.

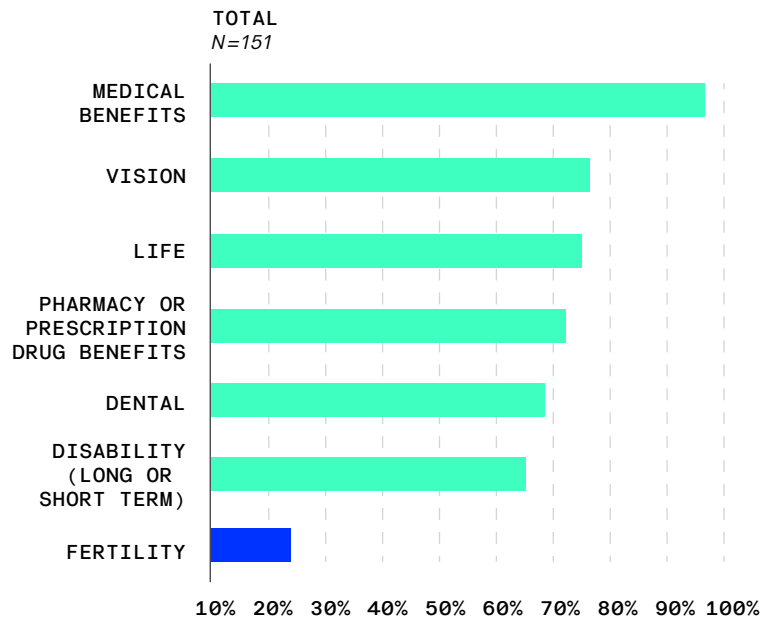
For respondents undergoing fertility treatments, 30% strongly or somewhat agree that the financial stress of fertility treatments on their families is very concerning. With Gen X, that number rises to 44%. That stress leads to lower productivity on the job, lower focus and higher turnover.¹⁰

The longer women delay their family planning due to COVID-19, the more likely they'll need assistance conceiving, or need to explore alternative ways to build their families. That could include adoption, surrogacy, IVF and more. These methods are also key for same-sex couples who hope to start or expand a family post-pandemic. For these reasons, employers should maintain or increase fertility and family-building benefits in the years ahead.

Looking for benefits. And answers.

Respondents say their employer-sponsored fertility benefits are scarce. **Only 24% of employers and health plans say they offer fertility coverage to members and employees.**⁸

ONLY 24% OF EMPLOYERS OFFER FERTILITY COVERAGE






But 75% of women report interest in fertility benefits from their insurance plan or employer. As we reach the other side of this pandemic, that interest may increase as practical and financial concerns diminish.

13% → MORE CHILDREN DURING THE PANDEMIC

Why hopeful parents may need help.

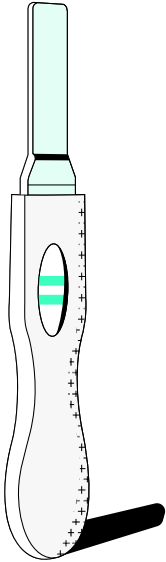
While the pandemic caused some hopeful parents to pause, certain demographics saw this as a chance to accelerate family plans. Older, affluent, married and with higher levels of education, these participants can focus on emotional factors instead of basic needs.

Reasons for wanting more children

 EMOTIONAL	54% cite more children to love and increased recognition of the importance of family
 PRACTICAL	42% mention more time and flexibility at home
 FINANCIAL	1%

This group is largely made up of older Millennials and younger Gen X. As these women are 35 and older, they'll likely rely more on fertility treatments to fulfill their emotional desire to have children.

Our findings reinforce how access to care and social determinants significantly impact family planning and overall health.



LOOKING AHEAD



Overall, our findings indicate family building and fertility benefits are increasingly important due to the pandemic.

Different paths for fertility coverage

Our research shows how respondents' family-planning decisions increase the need for fertility and family coverage now—and after—the pandemic.

- + **Benefits today.** With a majority maintaining their desire for additional children and some accelerating timing, companies need to be sure their family-building benefits reflect employee needs.
- + **Coverage post-pandemic.** Women over 35 delaying their family planning for practical reasons will emerge from the pandemic without time on their side. They'll look to their benefits to support their desire to grow their families.



EVERNORTH FAMILYPATHSM

Committed to nurturing the future.

FamilyPath leverages decades of experience across medical and pharmacy to deliver a comprehensive fertility benefit solution. It provides information and access so people can make the right care choices, while ensuring safer, more personalized care for hopeful parents, with savings for plan sponsors.

[Learn more about Evernorth FamilyPath.](#)

APPENDIX + METHODOLOGY

Background

Before the pandemic hit, motherhood and families were already changing. Children per family continued to decline. The U.S. fell to an all-time low of 60.2 births per 1,000 women of child-bearing age.¹¹ More than 40% of women were the primary earners.¹² Traditional births cost an all-time high of \$5,000 to \$11,000.¹²

Fertility treatments, surrogacy and adoption were also rising pre-pandemic:

- + Nearly 1/3 of people said they'd gone through fertility treatment or knew someone who had.¹³
- + In 2016, 263,577 total assisted reproductive technology cycles, such as IVF and intrauterine insemination (IUI), were performed at 463 fertility clinics¹⁴
- + IVF and IUI resulted in 77K live births¹⁴
- + Surrogacy is 4x more prominent for IVF cycles than in 1999¹⁵
- + Around 135K adoptions occur in the U.S. each year¹⁶
- + Experts estimate between 1M and 2M couples in the U.S. may be waiting to adopt¹⁶

What We Explored

We outlined five key areas to explore in our survey:

- + How COVID-19 affects and influences women in altering plans to add to their family and undergo fertility treatments
- + Shifts in family planning and the number of people seeking fertility treatments
- + Barriers preventing women from seeking fertility treatment beyond the pandemic
- + The emotional impact of COVID-19 on women's decisions and how they seek medical care
- + Women's awareness and attitudes about their medical and pharmacy benefits

Methodology

Respondents were recruited by ENGINE Insights. ENGINE conducted a comprehensive online survey on behalf of Evernorth assessing attitudes and behaviors about women's family planning before and during the COVID-19 pandemic. A nationally representative sample of 2,000 women ages 25 to 45 years completed the survey.

Qualified respondents self-identified as female (88% identified as cisgender women, assigned female at birth and currently identifying as women; the other 12% identified as binary, trans male, gender nonconforming or preferred not to answer), received medical and pharmacy benefits from an employer-sponsored health plan (their own or their spouse/partner's), reported desire to have a child or expand their family (via natural pregnancy, IVF, adoption or surrogacy) in the future, including women who had already started but paused or postponed family planning decisions, identified as any sexual orientation and relationship status. Respondents who matched the eligibility criteria were asked to complete an online survey.

Sample was balanced using ENGINE's Census Balancer methodology to reflect the U.S. Census to ensure a diversity of respondents by age, region, education level, race and ethnicity. Millennials (born 1981-1996) and Gen X (born 1965-1980) were defined in alignment with the U.S. Census. Since quotas for education level, race/ethnicity and region were set to match the U.S. census population, no data was weighted in this report. Survey completion time was 15 minutes on average. The survey was confidential and collected no personally identifiable information. Survey results are reported in the aggregate. Data was analyzed with statistical significance at $p < 0.05$.

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