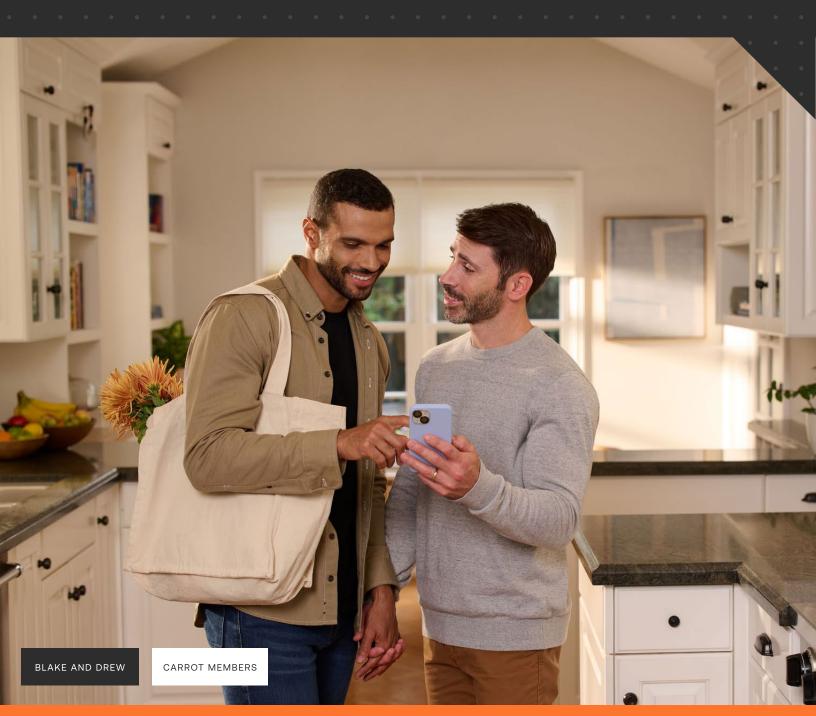
Employer guide to LGBTQ+inclusive fertility benefits



Introduction

As LGBTQ+ rights have expanded in the U.S., interest in pursuing parenthood has grown, too. **Sixty-three percent** of LGBTQ+ millennials plan to start or grow their family. Transgender survey respondents are **just as likely** to be interested in expanding their families as their cisgender peers. But despite progress made in some areas of life for the LGBTQ+ community, significant barriers still exist to family forming.

Insurance coverage is one major component of this. Typically, health insurance only applies when someone has received a diagnosis of infertility — defined as a heterosexual, cisgender couple trying to get pregnant without success for a certain amount of time. Even if someone outside of a heterosexual partnership is experiencing infertility, getting a diagnosis can be time consuming and expensive. For example, a same-sex cis-female couple using donor sperm and intrauterine insemination (IUI) or in vitro fertilization (IVF) would need to try six or more unsuccessful cycles before receiving an infertility diagnosis. And few resources are available for other family-forming options, such as adoption and gestational surrogacy services (commonly known as surrogacy) — but <u>63%</u> of those interested in starting a family are planning to use one of those options.

By offering fertility healthcare and family-forming benefits, employers have a powerful opportunity to support employees in a tangible way. Inclusive work cultures also determine whether LGBTQ+ employees leave or stay: <u>A quarter</u> of LGBTQ+ employees report staying in a job due to an LGBTQ+-inclusive work environment. Considering that 68% of adults say they would switch jobs to gain fertility healthcare benefits, offering inclusive fertility benefits is a powerful way to create a workplace culture employees want to stay with.

Ready to start exploring inclusive fertility healthcare and family-forming benefits? One way to support your LGBTQ+ employees is by doing your own research around employee benefits that meet their needs. We hope this guide is a helpful place to begin.

We'll cover:

The family-forming journeys an LGBTQ+inclusive fertility benefit should support

Information on legal considerations for each type of family-forming journey and how to support employees through these processes

Terms you should know and guidance on inclusive language

63%

of LGBTQ+ millennials plan to start or grow their family



of LGBTQ+ employees report staying in a job due to an LGBTQ+-inclusive work environment

Advanced reproductive technologies (ART)

IUI and IVF are the two most common family-forming options for any individual or partnership in which at least one person has a uterus. In IUI, sperm are placed directly into the uterus at the time the ovary releases an egg to be fertilized. In IVF, an egg is combined with sperm outside of the body to create an embryo that is then transferred to the uterus.

Some individuals and couples who do not have any known fertility problems may start their fertility journey with IUI, which is less invasive and less costly. If IUI isn't successful, they have underlying fertility issues they're already aware of, or if they want an option with a higher success rate, some people choose to start with IVF.

One option two people with ovaries may choose is reciprocal IVF. In reciprocal IVF, one person donates eggs to their partner, and their partner carries the pregnancy. Whichever option someone chooses, providing support without the need for an infertility diagnosis opens up these pathways to employees regardless of their medical history. "I've always known that I wanted to be a mom, but I wasn't too sure about this whole married thing. I was like, 'I'll just be a single mom, that's just how it's going to be.' Then as I came out to myself and figured out my sexual identity, I realized, okay, this is also possible to be married to a woman and to have kids, and there's multiple ways to be able to do that."

Madison,

who went through reciprocal IVF with her wife

The legal side

In some states, legal parentage is only provided to one of the parents in an LGBTQ+ couple doing IUI or IVF. That means that regardless of marital status, the parent who is not genetically related to the child will need to petition to be legally recognized as the second parent. For those who aren't genetically related to their children, they may need to take steps to secure their legal relationship with the child so their parental rights are recognized throughout the U.S. For guidance, consult with an LGBTQ+- friendly family lawyer — the Carrot team is available to help members find legal resources.

Note on language

A common phrase within fertility care is "artificial insemination," often used to describe intrauterine insemination (IUI). At Carrot, we avoid describing this treatment as "artificial" and instead use the acronym "IUI." We intentionally do not use language that might suggest a false, insincere, or unnatural path to attempted pregnancy.

Donor eggs and sperm

To fertilize an egg, couples or individuals pursuing IVF or IUI may need access to donor sperm. There are several reputable sperm banks in the U.S. with both anonymous and open donors, or donors that consent to being contacted in the future. Interested donors go through a medical and psychological evaluation at a sperm bank first. If chosen, they waive their parental rights, agree to testing, provide samples, and create an online profile for the sperm bank.

A vial of sperm costs around \$500 - \$1,000. Costs related to donor sperm can add up, especially if a first try with IUI or IVF isn't successful, so providing support for this step can make a meaningful difference. Alternatively, some people choose to go with a known donor like a friend or family member. While more affordable, using a known donor is more legally complicated — one reason an inclusive fertility benefit should cover legal services, as well.

The legal side:

For those using a sperm bank or egg donation agency, legal considerations are typically covered in their paperwork. Legal considerations become more complicated for those using a known donor, such as a friend or family member. If you're using a known donor, it's important to work with a lawyer to develop a legal agreement that establishes the donors as donors, not parents. Other people may need donor eggs to form their families, such as cis-men pursuing gestational carrier (gestational surrogacy) journeys, those having trouble getting pregnant using their own eggs, and those looking to avoid genetic complications from their own eggs. Known donors and agencies are options for donor eggs, as well, and bring along the same legal considerations.



Private adoption and foster-to-adopt

In the U.S., same-sex couples are more likely to both foster and adopt children compared with different-sex couples. Nationally, **21% of same-sex couples** have adopted a child compared to 3% of different-sex couples. Providing financial support for adoption can make the goal much more possible for your employees. Domestic private adoptions typically cost from \$30,000 to \$50,000. Intercountry adoptions cost between \$30,000 and \$60,000 on average. Support for adoption can include helping pay agency costs, providing information on reputable agencies, and offering flexible time off for what can be a time-consuming process.

"I wish Carrot had entered our lives earlier. It was such hard work, and the research was intense," said a Carrot member who received access to Carrot through his employer the day after his son was born. "There are no examples of how this works. We didn't realize how hard it was to choose an agency. We found that not all agencies are reputable. The fact that Carrot is run by experts, you have the reassurance the information you get is thoughtfully put together."

Offering adoption assistance can also help your company's benefits offerings stand out. <u>Only 1 in 5 companies</u> that offer fertility coverage also provide coverage for adoption or foster care. Overall, <u>17% of companies</u> with 500 or more employees offer some adoption assistance; <u>30%</u> offer fertility assistance.

Couples who have adopted a child in the U.S.

21%

same-sex couples

3%

different-sex couples

Legal considerations:

LGBTQ+ families are allowed to adopt in all 50 U.S. states, but some states allow adoption professionals to discriminate against LGBTQ+ families if they claim religious beliefs. LGBTQ+ couples and individuals pursuing adoption should work with an inclusive adoption agency to guide them through this process. Carrot can help members find LGBTQ+-friendly agencies.

Terms to know:

Intended parent: This term refers to the person or people who will be legally responsible for caring for and raising the child. It can be used to refer to parents going through adoption or a gestational surrogacy (GS) journey.

Foster-to-adopt: Foster parents are temporarily caring for children in the system where reunification to their birth family is the number one goal. Separately, adopting from foster care is when reunification has already been deemed not possible, and now those children are available to be adopted. At this point, these children are typically on average 4 years old up to 18 years old.

Gestational surrogacy services

A gestational carrier is a person carrying a pregnancy that they aren't genetically related to. **Informal surveys** suggest same-sex, cis-male couples have been using GC services increasingly often. Costs for gestational surrogacy include everything from agency and legal fees to the IVF process and start at \$126,000. GC journeys are complicated, so providing employees with logistical services is important, too.

"My partner and I have been together for 16 years, married for three years, and considering having kids for two years," said Carrot member Thomas, a gay, cis-man. "Over the past 12 months, we had been researching it more in depth. One of the major shockers was the price associated with surrogacy and the agency fees. When I found out my company had Carrot, I called my partner that day. Yes, this is on the table."



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Tomas, Carrot member, a gay, cis-man

Legal considerations

In the U.S., state laws related to GCs vary widely. Some states require that couples be married, heterosexual, and cisgender, or allow GCs at any point to keep the baby. And for those outside of the U.S., there is even more legal variation between countries. It's important to work with a reputable agency and/or legal services with experience in this area.

NOTE ON LANGUAGE:

Gestational carrier services vs. surrogacy

Most people are more familiar with the term "surrogate" than "gestational carrier." Though similar terms, there are key differences between them. Technically, the term surrogate refers to someone who donates their own eggs, as well as carrying the pregnancy. A gestational carrier uses a donor egg. Today, 95% of these journeys use donor eggs rather than the GC donating their own egg. At Carrot, we support the move to the term gestational carrier to promote accuracy.

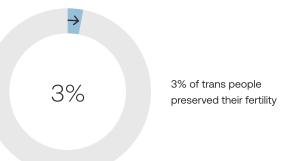
Fertility preservation and testing

Fertility preservation and testing can be helpful for anyone interested in pursuing parenthood someday but can be especially crucial for trans and non-binary people who plan to take or are taking hormone replacement therapy (HRT). For people considering HRT, the best time to preserve fertility is before starting — but only <u>3% of trans people</u> preserved their fertility. That doesn't mean that trans and non-binary people who have started HRT can't preserve their fertility or have genetically-related children, however.

When trans activist Trystan transitioned, his doctors told him that he would not be able to get pregnant. But after doing his own research, he learned that it was possible. After stopping his hormone therapy, his cycle returned. It took him about six months to get pregnant.

"Transgender men have been having babies after having been on hormones," said Trystan. "We've known it in the community for a long time, and now the medical community is starting to catch up."

That's one reason it's important for trans and non-binary people to find providers with specific experience in trans fertility, and for employers to work with a fertility benefit that has a specific commitment to connecting members with affirming services.





Inclusive language tips

For more guidance on language related to fertility and family forming, download **Carrot's Fertility Language Guide.**

Common term	Inclusive term
Biologically related	Genetically related
for example "His baby is not biologically related. He and his husband had her through a gestational carrier."	for example "Their baby is genetically related and was born with the support of a gestational carrier and a separate egg donor."
Breastfeeding	Breast/chestfeeding Human feeding*
	Infant feeding* Lactation
	*These two terms are also inclusive of people who formula feed
Both sexes/both genders	All sexes/all genders
Husband or wife	Spouse or partner
Man or dad (when referring to insemination and pregnancy)	 Birth partner Parent Person with sperm
Opposite sex	Different sex
Woman or mom (when referring to pregnancy, labor, and delivery)	Pregnant personBirthing personPerson in labor

NOTE ON LANGUAGE:

Inclusive language

Inclusive language that is non-gendered is an important part of creating a welcoming environment for all of your employees. Here are few inclusive alternatives to common terms related to family forming.

LGBTQ+-inclusive family-forming services

In addition to providing financial coverage for LGBTQ+ family forming, helping employees identify affirming services is critical, too. Trans people in particular experience discrimination in healthcare settings — in a survey, **23% of trans respondents** said that they have been intentionally misgendered while seeking care.

If you're working with a fertility benefits provider that advertises an LGBTQ+-friendly partner network, ask how they vet services. How do they measure LGBTQ+ friendliness? How often do they vet services? If you're doing your own research or providing advice to employees, a few ways to vet services include:

Look at the clinic or agency's website. Are there images of same-sex couples?

How about gender diversity?

Does the website use trans-inclusive language?

Can you find any reviews from LGBTQ+ people about the clinic, agency, or other service?

"We wanted someone that had paperwork that was not heteronormative. We wanted someone that didn't get our names confused because we're both women. We wanted it to be an easy, accepting process, and so we started researching fertility clinics. We found Aspire Fertility in San Antonio, and they have several locations here in Texas. They were endorsed by the Human Rights Campaign (HRC)."

Madison,

who went through reciprocal IVF with wife Krystal

Carrot's inclusive partner network:

Carrot works with 4,200+ attorneys and agencies supporting either adoption or gestational surrogacy worldwide

Carrot Experts on adoption and donor-assisted reproduction are available for everyone

Our team constantly monitors rules and regulations governing adoption and donor-assisted reproduction worldwide.

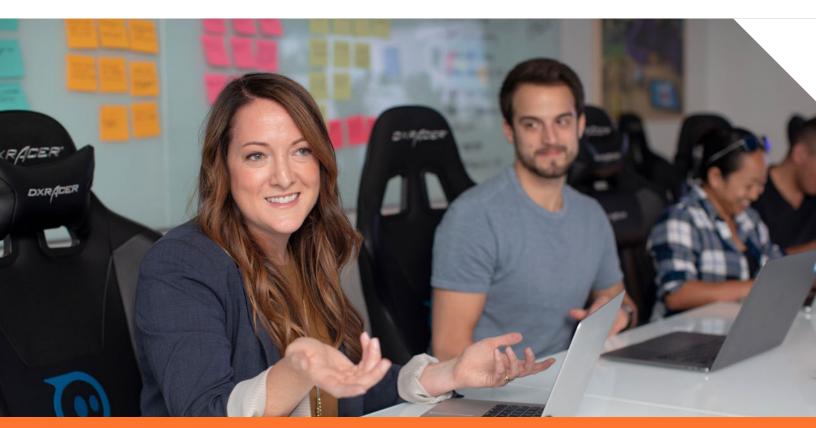
Being proactive, not reactive

Some companies prefer to wait until they hear from employees before committing to a new benefit. It's true that some inclusive initiatives begin with employee resource groups (ERG) or direct requests from employees. But while ERGs can be great sources of guidance for how to improve employee benefits and policies, one of the best ways to be an ally for LGBTQ+ employees is to do your own research and identify gaps on your own.

One important reason? Employees may not feel comfortable sharing requests with you, particularly around fertility and family forming. <u>Nearly half</u> (46%) of LGBTQ+ professionals are not open about their identity in the workplace. Being proactive, rather than reactive, and providing resources before employees ask for them is a meaningful way to truly commit to inclusivity.



46% of LGBT+ professionals are not open about their identity in the workplace



About Carrot

Carrot Fertility is the leading global fertility care platform for women, who are often at the center of fertility care decisions and consequences. Plus, Carrot serves people of every age, race, income, sex, sexual orientation, gender, marital status, and geography. Trusted by hundreds of multinational employers, health plans, and health systems, Carrot's comprehensive clinical program delivers industry-leading cost savings for employers and award-winning experiences for millions of people worldwide. Whether there is a need for care through fertility preservation, male-factor infertility, prepregnancy, IVF, pregnancy and postpartum, adoption, gestational surrogacy, or menopause, Carrot supports members and their families through many of the most memorable and meaningful moments of their lives.

Carrot has received national and international recognition for its pioneering work, including Best Diversity, Equity, & Inclusion Product from the Anthem Awards, Fast Company's Most Innovative Companies, CNBC's 100 Barrier Breaking Startups, and more. Carrot is regularly featured in media reporting on issues related to the future of work, women in leadership, healthcare innovation and diversity, equity, and inclusion, including MSNBC, The Economist, Bloomberg, The Wall Street Journal, CNBC, National Public Radio, Harvard Business Review, and more.

Carrot is fully distributed, with teams in more than 40 states across the United States and dozens of countries around the world. It has received numerous workplace awards, including Fortune's Best Workplaces in Healthcare, Quartz's Best Companies for Remote Workers, and Great Place to Work and Age-Friendly Employer certifications. Learn more at **carrotfertility.com**.

carrotfertility.com