

Fertility Treatment Benefit

Implementation Cost Analysis

Engrossed Substitute Senate Bill 5693; Sections 211(109)(d) and 139(8); Chapter 297; Laws of 2022

June 30, 2023



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Executive summary

This report is required by a Health Care Authority budget proviso in Engrossed Substitute Senate Bill (ESSB) 5693 (2022), Section 211(109) and a companion budget proviso in the Office of the Insurance Commissioner's appropriation at section 139(8).

The proviso language at Section 211(109) reads as follows:

(a) \$200,000 of the general fund—state appropriation for fiscal year 2023 is provided solely for the authority, in consultation with the office of the insurance commissioner, to complete an analysis of the cost to implement a fertility treatment benefit as described in the department of health's December 2021 mandated benefit sunrise review.

(b) The authority must contract with one or more consultants to:

(i) Obtain utilization and cost data from the state to provide an estimate of aggregate utilization and cost impacts of fertility treatment coverage for medicaid recipients, expressed as total annual cost and as a per member per month cost for plan years 2024 through 2027; and

(ii) Obtain utilization and cost data from the public employees benefits board and school employees benefits board programs to provide an estimate of aggregate utilization and cost impacts of fertility treatment coverage, expressed as total annual cost and as a per member per month cost for plan years 2024 through 2027.

(c) The analysis must include, but is not limited to, a utilization and cost analysis of each of the following services:

(i) Infertility diagnosis;

(ii) Fertility medications;

(iii) Intrauterine insemination;

(iv) In vitro fertilization; and

(v) Egg freezing.

(d) The authority must report the findings of the analysis to the governor and appropriate committees of the legislature by June 30, 2023.

The Health Care Authority (HCA), in consultation and financial partnership with the Office of the Insurance Commissioner (OIC), contracted with the actuarial firm, Milliman, Inc. to produce this report. The report includes analysis of utilization and cost data and an estimated cost analysis to implement a fertility treatment benefit per the Department of Health's (DOH's) sunrise review for Washington Apple Health (Medicaid), Employee and Retiree Benefits (ERB) programs and fully-insured commercial health plans. The benefit cost is expressed as both a total annual cost and as a per member per month cost for plan years for 2024–2027.

The report includes information regarding anticipated health plan costs and service utilization and cost analysis for each of the following services:

- Infertility diagnosis
 - Non-Assisted Reproductive Technology (NART) treatments

- Assisted Reproductive Technologies (ART)
- Fertility preservation for patients at risk for medically induced (iatrogenic) infertility
- Fertility medications

For the analysis, please see the attached full report prepared by Milliman, Inc.

If the legislature directs HCA to implement a new fertility benefit, the implementation process will be specific to the line of business.

For Apple Health, any new legislatively mandated benefit must be implemented in a way that is consistent with existing state and federal laws and rules governing Medicaid coverage. Adding fertility treatment and fertility preservation benefits will require:

- Washington Administrative Code (WAC) revisions, and
- CMS-approved Medicaid state plan amendments to obtain federal match funding.

For Employee and Retiree plans, HCA would use an existing standard process for implementing a new benefit. Every year, HCA conducts a Request for Renewal (RFR) process for both fully insured health plans and self-insured third-party administrators. This annual RFR process enables PEBB and SEBB to adjust benefits, including adding new legislatively mandated benefits. Each health plan will respond with a detailed proposal about how it intends to implement the benefit adjustments and identify possible changes to timelines and resources as a result.

With respect to the fully-insured commercial health plan market, legislation mandating coverage of fertility services was introduced during the 2023 legislative session (HB 1151 and SB 5204) but was not enacted. [SSB 5338](#) directs the Office of the Insurance Commissioner to undertake a review of the state's Essential Health Benefits (EHB) benchmark plan and determine whether to request approval from the federal government to update that health plan. The EHB benchmark plan defines the minimum benefits for health plans sold in the individual and small group health insurance markets. The legislation directed OIC's review of various health services, including fertility services, for inclusion in an updated EHB benchmark plan.

MILLIMAN REPORT

Mandated Fertility Benefits in Washington State

June 30, 2023

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Introduction

Per Engrossed Substitute Senate Bill 5693, the Health Care Authority (HCA) and the Office of the Insurance Commissioner (OIC) have been directed to complete an analysis of the cost to implement a fertility treatment benefit as described in the Department of Health’s mandated benefit sunrise review¹ from December 2021. This benefit review covers a proposed mandated benefit which would require insurance plans in Washington State to cover “the diagnosis of infertility, treatment for infertility, and standard fertility preservation services”, as well as up to four oocyte retrievals and associated embryo transfers beginning January 1, 2024. The mandated benefit sunrise review covers current availability and usage of fertility and infertility services in Washington State, described in the executive summary as follows:

Insurance plans examined by the Department of Health on the State’s Health Benefits Exchange generally did not include coverage for fertility treatments. Out-of-pocket costs for the diagnosis and treatment of infertility and fertility preservation services are generally expensive, easily reaching tens of thousands of dollars. The mandated benefit proposed would likely result in increased costs to the state, insurance carriers, and plan holders in the form of higher premiums. However, mandated coverage for infertility treatments may also decrease out-of-pocket costs for patients and allow for better quality care and more informed decision-making.

This report contains utilization and cost projections in Washington State if this fertility benefit mandate were to become effective January 1, 2024 and documents the development of these projections. Firstly, this report describes the proposed benefit changes under consideration. Then, it summarizes current and recent developments in fertility benefit coverage in other states. Finally, it describes the methodology, assumptions, and data used in the development of the utilization and cost projections of the fertility benefit mandate. Projection results are contained in the exhibits attached to the end of this report, and are split between Apple Health (Medicaid) recipients, Public Employee Benefits Board (PEBB) and School Employee Benefits Board (SEBB) coverage, and the commercial health plan market.

HCA and OIC requested Milliman to prepare these utilization and cost projections of fertility and infertility services described in this report. This report does not include any policy recommendations. Instead, it contains utilization and cost projections based on the set of data and assumptions used. To the extent that the assumptions underlying these projections are revised throughout the course of the bill development, these projections may likewise become inappropriate to use for policy planning purposes.

WHAT IS INFERTILITY?

The Centers for Disease Control (CDC) provide basic understanding of infertility in the US as “*not being able to get pregnant (conceive) after one year (or longer) of unprotected sex*”². Infertility is not an uncommon problem, affecting approximately 19% of women ages 15 to 49 in the US. Infertility is caused by many different underlying problems and may affect both men and women. Some couples, including same-sex couples, may also require outside assistance to conceive and have children, regardless of underlying issues. Iatrogenic infertility refers to infertility caused directly or indirectly by surgery, chemotherapy, radiation, or other medically necessary treatment. A variety of services may be engaged to evaluate infertility in patients with health insurance coverage and subsequent treatments, including surgical procedures, laboratory testing and drugs, may be necessary to effectively treat the different causes.

¹ Ashley A. Noble, JD, MPIA and Umair A. Shah, MD, MPH. *Mandated Benefit Review: Infertility Treatment*, Publication Number 120-055. December 2021, Washington State Department of Health

² <https://www.cdc.gov/reproductivehealth/infertility/index.htm>

Executive Summary

The proposal under consideration for this report would require health insurers in Washington State to provide coverage of several infertility and fertility benefit categories beginning January 1, 2024. Based on communications with RESOLVE: The National Infertility Association³, HCA and OIC requested that these benefit categories include at least the following detail:

1. Infertility diagnostics accepted as standard of care.
2. Non-Assisted Reproductive Technology (NART) treatments. This includes:
 - ovulation induction
 - intrauterine insemination
 - all other fertility-related non-diagnostic services not specifically mentioned elsewhere
3. Assisted Reproductive Technologies (ART). This includes:
 - in vitro fertilization (IVF), considering separately the cost of IVF retrieval cycles with or without fresh embryo transfer, versus frozen embryo transfers
 - preimplantation screening testing for embryo aneuploidy (PGT-A) as well as preimplantation genetic testing for genetic carrier (PGT-M or PGT-SR)
 - donor sperm, donor oocytes, and/or donor embryos
4. Fertility preservation for patients at risk for medically induced (iatrogenic) infertility. This includes cryopreservation for the following:
 - oocytes
 - embryos
 - sperm
 - ovarian tissues
5. Fertility medication.

We relied on RESOLVE's descriptions⁴ of these benefit categories for the scope of services considered in the development of Milliman's utilization and cost analysis. We used these benefit categories and guidance from RESOLVE to develop lists of International Classification of Diseases (ICD-10) diagnosis codes, ICD-10 procedure codes, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, and National Drug Code (NDC) codes to identify patient populations and related services for these benefit categories in historical medical and pharmacy claims data. These code lists are provided in Appendices B, C, and D. Due to the large number of NDCs used to identify fertility medications (about 3,000 codes), we summarized the list in Appendix C to include drug class and drug names instead of NDC.

Five benefit categories based on the RESOLVE guidance are included in the projection results. These five categories are: infertility diagnosis, ART, NART, fertility preservation, and fertility medications. The use of donor gametes is a typical procedure accompanying an in-vitro fertilization (IVF) cycle, so the cost associated with retrieval and use of donor gametes is included as part of the ART benefit category.

Ancillary related costs for care received on the same day as specified fertility-related services are also included. For this analysis we assume that if the patient receives care on the same day as one of these fertility treatments, that care is related to the fertility benefit and thus is included. For example, a patient may have an anesthesia claim accompanying their fertility-related procedure, so the cost of the anesthesia is included in the total cost for the

³ <https://resolve.org/>

⁴ Refer to Appendix D for RESOLVE's benefit category description.

member for the purpose of this report. The list of fertility benefits for which ancillary related costs on the same day are included are provided in Appendices B, C, and D.

Fertility preservation includes cost associated with the retrieval of the oocyte and/or sperm plus the cost of storing the samples. Other states' data were used as the basis for the fertility preservation projection, so the implicit assumption is that the potential preservation policy in WA would be comparable to that in other states.

This report does not address the additional costs associated with pregnancy or delivery care that may result from these treatments.

Table 1 below illustrates member month and cost (per member per month [PMPM] and in total) projections by line of business for calendar year (CY) 2024. Incremental costs are defined as additional cost projection resulting from the fertility benefit mandate, above the status quo costs in Washington State based on current benefit coverage.

Summaries for CY 2025 – 2027 and detailed summaries by age band, gender, fertility benefit category, and line of business can be found in Appendix A.

Table 1 - Summary of 2024 Projections

| <i>Line of Business</i> | 2024 Projections | | | <i>Status Quo PMPM</i> | <i>Status Quo Total Cost</i> | <i>Incremental Change PMPM</i> | <i>Incremental Change Total</i> |
|-----------------------------|-------------------------|---------------------------|---------------------------|------------------------|------------------------------|--------------------------------|---------------------------------|
| | <i>Member Months</i> | <i>Total Benefit PMPM</i> | <i>Total Benefit Cost</i> | | | | |
| WA State Medicaid | 21,490,722 | \$1.05 | \$22.62 M | \$0.00 | \$0.01 M | \$1.05 | \$22.61 M |
| PEBB - UMP | 2,587,062 | \$3.48 | \$9.01 M | \$0.03 | \$0.07 M | \$3.46 | \$8.94 M |
| PEBB - Non-UMP | 933,647 | \$3.64 | \$3.40 M | \$0.01 | \$0.01 M | \$3.63 | \$3.39 M |
| SEBB - UMP | 1,368,432 | \$3.51 | \$4.81 M | \$0.02 | \$0.03 M | \$3.49 | \$4.78 M |
| SEBB - Non-UMP | 1,892,940 | \$4.03 | \$7.62 M | \$0.03 | \$0.06 M | \$3.99 | \$7.56 M |
| Individual | 2,706,219 | \$4.93 | \$13.35 M | \$0.01 | \$0.02 M | \$4.93 | \$13.33 M |
| Small Group | 3,699,925 | \$1.96 | \$7.25 M | \$0.21 | \$0.76 M | \$1.76 | \$6.49 M |
| Large Group - Fully Insured | 5,212,604 | \$4.06 | \$21.16 M | \$0.62 | \$3.23 M | \$3.44 | \$17.93 M |
| Large Group - Self-Funded | 20,258,583 | \$2.31 | \$46.83 M | \$0.24 | \$4.94 M | \$2.07 | \$41.88 M |

- Costs reported are net of assumed cost sharing.

List of Appendices

Appendix A – Utilization and cost projection summaries:

- Exhibit 1a: Summary by line of business (Adjusted for Approximate Member Cost Sharing)
- Exhibit 1b: Summary by line of business (Allowed Costs)
- Exhibit 2: Summary by line of business and fertility benefit category
- Exhibit 3a: Summary by age band, gender, fertility benefit category, and major line of business for Washington State Medicaid population
- Exhibit 3b: Summary by age band, gender, fertility benefit category, and major line of business for Washington State PEBB and SEBB populations
- Exhibit 3c: Summary by age band, gender, fertility benefit category, and major line of business for Washington State commercial populations

Appendix B – ICD 10 diagnosis codes related to fertility services used to identify target population and project costs.

Appendix C – ICD 10 procedure codes and HCPCS related to fertility services used to identify target population and project costs.

Appendix D – Fertility medications.

Appendix E – Flowchart of methodology.

Appendix F – RESOLVE benefit category descriptions.

National landscape for proposed benefits

Mandated coverage for fertility treatment benefits can be categorized into three main components – infertility treatment, IVF, and fertility preservation. According to RESOLVE⁵, there are 20 states with fertility insurance coverage laws. Among those states, 14 include IVF coverage and 12 include fertility preservation coverage. In many cases, plan design characteristics such as cost sharing mechanisms must align with the same restrictions that apply to other, non-infertility-related benefits; common deviations from this include limitations on coverage for infertility benefits in specific circumstances, such as a lifetime benefit limit on IVF services.

We relied on utilization and cost data from states with an effective fertility benefit mandate to inform the projections. We reviewed the national landscape for proposed fertility treatment benefits to better understand the types of services offered in other states, considering benefit mandate effective dates, covered services, and covered populations when selecting the states to include in our analysis. Please refer to the 'Data, Assumptions, and Methodology' section for the list of states included in the analysis.

State of Washington key population metrics

We reviewed historical population data in Washington State separately for each line of business within the scope of this analysis to better understand the profiles of enrollees who may be impacted by the fertility benefit mandate. We used historical Medicaid, PEBB, and SEBB enrollment data to produce summaries of enrollees by a variety of demographics including age band, gender, and urban versus rural areas. The utilization and cost of fertility benefits may vary by these demographic categories, so it is important to include this detail in the analysis.

Included below are several select summaries of historical enrollment counts for the Medicaid, PEBB/SEBB, and Commercial lines of business. The enrollment tables summarize member months, which counts each member once for each month they are enrolled. For example, an individual Medicaid beneficiary enrolled for only 6 months of calendar year 2022 would contribute a count of 6 member months to the total, while another individual enrolled for the full year would contribute 12 months.

COVERED POPULATIONS

Medicaid

Historical enrollment for the Washington State Medicaid program is based on 2020 – 2022 eligibility data provided by HCA every month. Table 2 summarizes the historical and projected member months by age band, gender, and year. The projected member months reflect the impact of enrollment redeterminations due to the ending of the Public Health Emergency (PHE) as of May 11, 2023. We reviewed historical enrollment growth for the managed care population prior to the PHE and assuming that consistent growth rate, we estimated 2024 enrollment to return to levels similar to 2020 after enrollment redeterminations. The fee-for-service population was not affected by the PHE, so we relied on historical growth rates for that population. For years 2025 – 2027, we assumed a 1% growth rate based on statewide population projections from the Washington Office of Financial Management (OFM)⁶. In general, the projected enrollment is higher than the February 2023 enrollment forecast from the Washington State Caseload Forecast Council (CFC)⁷. We assume a lower rate of disenrollments compared to the CFC forecast, consistent with the actuarial support provided to HCA for Medicaid services.

⁶ <https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast>

⁷ https://www.cfc.wa.gov/Data_Warehouse.htm

Table 2 - Washington Medicaid Enrollment Summaries

| Gender | AgeBand | Historical | | | Projected | | | |
|--------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | 2020 | 2021 | 2022 | 2024 | 2025 | 2026 | 2027 |
| F | Under Age 18 | 4,682,860 | 4,850,790 | 4,949,992 | 4,266,973 | 4,308,983 | 4,351,409 | 4,394,256 |
| F | Ages 18 to 24 | 1,233,257 | 1,385,450 | 1,475,827 | 1,272,013 | 1,284,542 | 1,297,195 | 1,309,974 |
| F | Ages 25 to 29 | 926,439 | 1,049,296 | 1,122,341 | 966,881 | 976,420 | 986,054 | 995,783 |
| F | Ages 30 to 34 | 843,093 | 986,408 | 1,088,165 | 937,656 | 946,899 | 956,234 | 965,662 |
| F | Ages 35 to 39 | 703,713 | 809,068 | 883,799 | 761,607 | 769,113 | 776,694 | 784,350 |
| F | Ages 40 to 44 | 533,213 | 634,544 | 712,669 | 614,333 | 620,381 | 626,489 | 632,658 |
| F | Ages 45 to 49 | 444,208 | 494,497 | 536,465 | 462,528 | 467,079 | 471,675 | 476,316 |
| F | Ages 50 to 54 | 441,457 | 497,137 | 533,431 | 459,969 | 464,492 | 469,061 | 473,675 |
| F | Ages 55 and Over | 1,562,883 | 1,702,696 | 1,819,254 | 1,568,326 | 1,583,763 | 1,599,353 | 1,615,098 |
| M | Under Age 18 | 4,917,286 | 5,095,944 | 5,197,074 | 4,479,691 | 4,523,803 | 4,568,353 | 4,613,346 |
| M | Ages 18 to 24 | 939,288 | 1,099,155 | 1,214,741 | 1,047,461 | 1,057,762 | 1,068,166 | 1,078,672 |
| M | Ages 25 to 29 | 648,969 | 757,977 | 815,873 | 703,418 | 710,340 | 717,329 | 724,389 |
| M | Ages 30 to 34 | 629,989 | 754,147 | 844,421 | 728,079 | 735,241 | 742,475 | 749,780 |
| M | Ages 35 to 39 | 554,861 | 648,968 | 716,024 | 617,509 | 623,579 | 629,709 | 635,900 |
| M | Ages 40 to 44 | 452,865 | 543,443 | 612,970 | 528,753 | 533,947 | 539,192 | 544,489 |
| M | Ages 45 to 49 | 390,766 | 435,029 | 476,056 | 410,630 | 414,665 | 418,739 | 422,853 |
| M | Ages 50 to 54 | 417,746 | 472,713 | 500,836 | 431,963 | 436,208 | 440,495 | 444,824 |
| M | Ages 55 and Over | 1,186,382 | 1,321,609 | 1,429,904 | 1,232,934 | 1,245,062 | 1,257,309 | 1,269,679 |
| Total | | 21,509,275 | 23,538,871 | 24,929,842 | 21,490,722 | 21,702,277 | 21,915,930 | 22,131,704 |

Employee and Retiree Benefits Programs

Similar to Medicaid, we also summarized historical enrollment under the PEBB and SEBB programs that will be eligible to receive the fertility benefit. Table 3 below details historical and projected member month enrollment estimates for the PEBB Non-Uniform Medical Plan (UMP) population by gender and age band. The historical estimate of 2022 is based on data through 2022Q4. This summary also excludes PEBB Medicare Advantage plan members. Total plan-level enrollment projections were based on the FY23 Final PEBB Financial Projection Model, delivered to HCA on February 17, 2023. We used total enrollment projections at the plan level and applied the actual 2022 enrollment mix by gender and age band to calculate estimated member months in the 2024 – 2027 projection period.

Table 3 does not contain retirees age 65 or above, at HCA’s request. These members do not represent a material impact to cost for fertility benefits, and MA and Medigap plans follow federal policies regarding covered services, which may not align with those included in this report. The SEBB program does not include retirees.

Table 3 - PEBB Non-UMP (Fully Insured) Enrollment Summaries

| Gender | AgeBand | Historical | | | | Projected | | | |
|--------|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | 2019 | 2020 | 2021 | 2022 | 2024 | 2025 | 2026 | 2027 |
| F | Under Age 18 | 99,188 | 94,712 | 88,836 | 79,450 | 91,494 | 92,146 | 92,788 | 93,421 |
| F | Ages 18 to 24 | 52,369 | 49,535 | 46,123 | 41,037 | 47,301 | 47,642 | 47,978 | 48,310 |
| F | Ages 25 to 29 | 34,686 | 34,187 | 30,807 | 28,173 | 33,169 | 33,401 | 33,629 | 33,854 |
| F | Ages 30 to 34 | 40,232 | 39,821 | 38,114 | 35,596 | 41,763 | 42,050 | 42,333 | 42,611 |
| F | Ages 35 to 39 | 43,109 | 42,111 | 40,938 | 38,029 | 44,102 | 44,410 | 44,714 | 45,013 |
| F | Ages 40 to 44 | 40,440 | 39,729 | 38,526 | 36,651 | 42,263 | 42,570 | 42,872 | 43,170 |
| F | Ages 45 to 49 | 40,918 | 38,623 | 36,598 | 33,963 | 39,064 | 39,350 | 39,633 | 39,912 |
| F | Ages 50 to 54 | 39,945 | 39,101 | 37,322 | 34,731 | 39,823 | 40,116 | 40,404 | 40,689 |
| F | Ages 55 and Over | 115,826 | 108,424 | 100,574 | 89,938 | 121,670 | 128,993 | 136,366 | 143,786 |
| M | Under Age 18 | 103,452 | 98,270 | 92,533 | 82,781 | 95,382 | 96,062 | 96,733 | 97,394 |
| M | Ages 18 to 24 | 51,145 | 47,628 | 44,600 | 39,607 | 45,514 | 45,846 | 46,173 | 46,496 |
| M | Ages 25 to 29 | 26,423 | 25,929 | 23,701 | 22,184 | 25,996 | 26,176 | 26,353 | 26,528 |
| M | Ages 30 to 34 | 32,187 | 31,603 | 30,231 | 27,839 | 32,592 | 32,815 | 33,035 | 33,251 |
| M | Ages 35 to 39 | 35,364 | 34,621 | 33,244 | 31,530 | 36,537 | 36,794 | 37,047 | 37,296 |
| M | Ages 40 to 44 | 33,832 | 33,063 | 32,329 | 30,436 | 35,040 | 35,286 | 35,528 | 35,767 |
| M | Ages 45 to 49 | 36,125 | 33,523 | 31,542 | 29,045 | 33,424 | 33,664 | 33,900 | 34,133 |
| M | Ages 50 to 54 | 35,978 | 35,211 | 34,525 | 31,342 | 35,965 | 36,226 | 36,484 | 36,738 |
| M | Ages 55 and Over | 102,081 | 96,078 | 90,164 | 81,167 | 92,547 | 97,831 | 103,138 | 108,466 |
| | Total | 963,300 | 922,169 | 870,707 | 793,499 | 933,647 | 951,377 | 969,106 | 986,835 |

Table 4 shows the same historical and projected member-month enrollment estimates for the PEBB UMP population. The methodology used to calculate these estimates is identical to the Non-UMP population.

Table 4 - PEBB UMP (Self-Funded) Enrollment Summaries

| Gender | AgeBand | Historical | | | | Projected | | | |
|--------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | | 2019 | 2020 | 2021 | 2022 | 2024 | 2025 | 2026 | 2027 |
| F | Under Age 18 | 257,103 | 260,770 | 263,395 | 264,268 | 266,498 | 268,660 | 270,822 | 272,984 |
| F | Ages 18 to 24 | 135,567 | 136,098 | 137,132 | 141,347 | 142,257 | 143,483 | 144,709 | 145,935 |
| F | Ages 25 to 29 | 82,224 | 83,972 | 81,689 | 83,253 | 85,460 | 86,074 | 86,688 | 87,302 |
| F | Ages 30 to 34 | 98,167 | 102,081 | 104,311 | 107,900 | 110,011 | 110,789 | 111,567 | 112,345 |
| F | Ages 35 to 39 | 108,521 | 113,301 | 115,059 | 118,523 | 119,979 | 120,918 | 121,857 | 122,795 |
| F | Ages 40 to 44 | 109,668 | 114,267 | 119,338 | 125,161 | 126,439 | 127,458 | 128,476 | 129,495 |
| F | Ages 45 to 49 | 112,285 | 113,012 | 113,530 | 117,620 | 118,393 | 119,376 | 120,359 | 121,342 |
| F | Ages 50 to 54 | 115,081 | 117,093 | 120,050 | 124,824 | 125,213 | 126,313 | 127,413 | 128,512 |
| F | Ages 55 and Over | 325,461 | 321,327 | 316,817 | 321,040 | 328,747 | 332,910 | 337,073 | 341,236 |
| M | Under Age 18 | 271,704 | 275,150 | 277,298 | 277,636 | 279,870 | 282,151 | 284,433 | 286,715 |
| M | Ages 18 to 24 | 130,016 | 130,408 | 131,784 | 135,902 | 136,530 | 137,725 | 138,920 | 140,116 |
| M | Ages 25 to 29 | 55,703 | 56,270 | 56,420 | 56,830 | 58,148 | 58,585 | 59,021 | 59,458 |
| M | Ages 30 to 34 | 68,183 | 70,357 | 71,053 | 72,918 | 74,461 | 74,983 | 75,504 | 76,026 |
| M | Ages 35 to 39 | 80,445 | 82,777 | 84,766 | 87,106 | 88,267 | 88,935 | 89,603 | 90,271 |
| M | Ages 40 to 44 | 81,362 | 84,734 | 88,602 | 92,417 | 93,180 | 93,928 | 94,676 | 95,425 |
| M | Ages 45 to 49 | 86,010 | 85,634 | 85,937 | 88,670 | 89,302 | 90,034 | 90,766 | 91,498 |
| M | Ages 50 to 54 | 88,268 | 90,917 | 95,387 | 97,715 | 98,005 | 98,860 | 99,714 | 100,568 |
| M | Ages 55 and Over | 270,706 | 268,005 | 266,308 | 269,629 | 246,300 | 249,357 | 252,413 | 255,469 |
| Total | | 2,476,474 | 2,506,173 | 2,528,876 | 2,582,759 | 2,587,062 | 2,610,538 | 2,634,015 | 2,657,492 |

We also calculated 2020 – 2022 historical and 2024 – 2027 projected enrollment estimates for the SEBB Non-UMP population. These estimates are presented in Table 5 below. Non-enrolled dependent members, i.e. members for whom the carriers provide enrollment and claims information for but who are not in the HCA enrollment file, are excluded from the SEBB historical estimates. This is done to be consistent with other deliverables, as well as with the projected enrollment totals, also presented in Table 5 below.

Table 5 - SEBB Non-UMP (Fully Insured) Enrollment Summaries

| Gender | AgeBand | Historical | | | Projected | | | |
|--------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | | 2020 | 2021 | 2022 | 2024 | 2025 | 2026 | 2027 |
| F | Under Age 18 | 232,834 | 228,142 | 221,747 | 217,281 | 217,281 | 217,281 | 217,281 |
| F | Ages 18 to 24 | 120,876 | 123,123 | 121,155 | 118,679 | 118,679 | 118,679 | 118,679 |
| F | Ages 25 to 29 | 80,666 | 77,816 | 74,854 | 74,001 | 74,001 | 74,001 | 74,001 |
| F | Ages 30 to 34 | 82,390 | 83,509 | 83,829 | 81,746 | 81,746 | 81,746 | 81,746 |
| F | Ages 35 to 39 | 90,793 | 89,785 | 88,943 | 87,095 | 87,095 | 87,095 | 87,095 |
| F | Ages 40 to 44 | 101,986 | 102,665 | 101,316 | 99,147 | 99,147 | 99,147 | 99,147 |
| F | Ages 45 to 49 | 105,304 | 102,144 | 100,641 | 98,222 | 98,222 | 98,222 | 98,222 |
| F | Ages 50 to 54 | 106,262 | 108,010 | 107,080 | 104,591 | 104,591 | 104,591 | 104,591 |
| F | Ages 55 and Over | 231,456 | 225,098 | 213,663 | 210,548 | 210,548 | 210,548 | 210,548 |
| M | Under Age 18 | 244,377 | 238,387 | 232,006 | 227,308 | 227,308 | 227,308 | 227,308 |
| M | Ages 18 to 24 | 115,232 | 117,877 | 116,570 | 114,166 | 114,166 | 114,166 | 114,166 |
| M | Ages 25 to 29 | 40,179 | 40,665 | 39,501 | 38,991 | 38,991 | 38,991 | 38,991 |
| M | Ages 30 to 34 | 44,682 | 45,135 | 44,380 | 43,489 | 43,489 | 43,489 | 43,489 |
| M | Ages 35 to 39 | 51,457 | 52,269 | 51,597 | 50,506 | 50,506 | 50,506 | 50,506 |
| M | Ages 40 to 44 | 57,383 | 58,461 | 58,701 | 57,212 | 57,212 | 57,212 | 57,212 |
| M | Ages 45 to 49 | 61,766 | 60,883 | 59,962 | 58,648 | 58,648 | 58,648 | 58,648 |
| M | Ages 50 to 54 | 63,173 | 66,053 | 65,408 | 63,789 | 63,789 | 63,789 | 63,789 |
| M | Ages 55 and Over | 153,436 | 155,014 | 150,254 | 147,522 | 147,522 | 147,522 | 147,522 |
| | Total | 1,984,252 | 1,975,036 | 1,931,607 | 1,892,940 | 1,892,940 | 1,892,940 | 1,892,940 |

Finally, Table 6 below shows the same projections for the SEBB UMP population. The methodology used to calculate these estimates is identical to that of Table 5 above.

Table 6 - SEBB UMP (Self Funded) Enrollment Summaries

| <i>Gender</i> | <i>AgeBand</i> | Historical | | | Projected | | | |
|---------------|------------------|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | | <i>2020</i> | <i>2021</i> | <i>2022</i> | <i>2024</i> | <i>2025</i> | <i>2026</i> | <i>2027</i> |
| F | Under Age 18 | 135,336 | 138,886 | 151,168 | 157,213 | 157,213 | 157,213 | 157,213 |
| F | Ages 18 to 24 | 74,154 | 81,281 | 92,137 | 95,452 | 95,452 | 95,452 | 95,452 |
| F | Ages 25 to 29 | 36,920 | 38,981 | 46,055 | 47,186 | 47,186 | 47,186 | 47,186 |
| F | Ages 30 to 34 | 39,066 | 41,879 | 48,699 | 50,123 | 50,123 | 50,123 | 50,123 |
| F | Ages 35 to 39 | 50,197 | 51,274 | 57,832 | 59,845 | 59,845 | 59,845 | 59,845 |
| F | Ages 40 to 44 | 57,082 | 60,536 | 69,031 | 71,196 | 71,196 | 71,196 | 71,196 |
| F | Ages 45 to 49 | 61,115 | 63,909 | 71,208 | 73,832 | 73,832 | 73,832 | 73,832 |
| F | Ages 50 to 54 | 63,659 | 67,937 | 73,863 | 76,665 | 76,665 | 76,665 | 76,665 |
| F | Ages 55 and Over | 141,739 | 145,963 | 151,882 | 159,680 | 159,680 | 159,680 | 159,680 |
| M | Under Age 18 | 143,445 | 147,807 | 161,448 | 167,563 | 167,563 | 167,563 | 167,563 |
| M | Ages 18 to 24 | 72,689 | 79,234 | 86,539 | 89,532 | 89,532 | 89,532 | 89,532 |
| M | Ages 25 to 29 | 19,686 | 21,387 | 25,737 | 26,662 | 26,662 | 26,662 | 26,662 |
| M | Ages 30 to 34 | 18,959 | 20,318 | 24,107 | 24,778 | 24,778 | 24,778 | 24,778 |
| M | Ages 35 to 39 | 26,205 | 27,181 | 30,620 | 31,667 | 31,667 | 31,667 | 31,667 |
| M | Ages 40 to 44 | 31,559 | 34,081 | 37,315 | 38,503 | 38,503 | 38,503 | 38,503 |
| M | Ages 45 to 49 | 34,849 | 36,468 | 41,465 | 42,876 | 42,876 | 42,876 | 42,876 |
| M | Ages 50 to 54 | 35,081 | 39,341 | 43,769 | 45,412 | 45,412 | 45,412 | 45,412 |
| M | Ages 55 and Over | 92,482 | 98,660 | 105,500 | 110,250 | 110,250 | 110,250 | 110,250 |
| Total | | 1,134,223 | 1,195,123 | 1,318,375 | 1,368,432 | 1,368,432 | 1,368,432 | 1,368,432 |

Commercial

For this analysis, historical commercial fertility experience in Washington State is based on a historical enrollment extract from the All Payers Claims Database (APCD) in Washington State provided by OIC. Table 7 below summarizes Washington State commercial enrollment by year and line of business. The bold values represent projections and the rest represent actual experience.

Table 7 - Commercial Market Enrollment Summaries

| <i>Year</i> | <i>Individual</i> | <i>Small Group</i> | <i>Large Group - Fully Insured</i> | <i>Large Group - Self-Funded</i> | <i>Total</i> |
|-------------|-------------------|--------------------|------------------------------------|----------------------------------|-------------------|
| 2019 | | | | 19,139,234 | |
| 2020 | 2,569,021 | 3,605,368 | 4,966,307 | 19,453,497 | 30,594,193 |
| 2021 | 2,614,386 | 3,597,986 | 5,044,856 | 19,606,637 | 30,863,865 |
| 2022 | 2,651,983 | 3,625,773 | 5,108,136 | 19,852,573 | 31,238,465 |
| 2023 | 2,681,397 | 3,665,988 | 5,164,793 | 20,072,768 | 31,584,946 |
| 2024 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 | 31,877,331 |
| 2025 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 | 32,175,825 |
| 2026 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 | 32,500,404 |
| 2027 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 | 32,822,994 |

OIC provided a data set with fully insured commercial enrollment by month and line of business from October 2019 through December 2022. This data includes age range and gender detail as well. We used this data set as the historical basis for the individual, small group, and fully insured large group lines of business. The fully insured large group values in this data set include the non-UMP PEBB and SEBB enrollment, so those members are removed in order to estimate the remaining fully insured large group members for 2020 through 2022.

Self-funded large group enrollment in 2019 is estimated based on publicly available data sources. A 2021 Medical Expenditure Panel Survey (MEPS) survey includes estimates of the Washington state private sector workforce as well as the percent of this workforce enrolled in a self-funded health plan. This information was used to estimate the self-funded large group population in aggregate.

For each line of business, enrollment is projected using overall Washington State population forecasts provided by the Office of Financial Management (OFM)⁸. Based on the November 2022 report from OFM, the distribution of population by county within the State is not expected to change significantly over the projection period of this analysis, though the total population is expected to increase from 7.9 million in 2022 to 8.3 million in 2027 (an increase of approximately 1% per year).

In terms of age and gender, both male and female populations are expected to grow approximately 1% per year as well, as is the population aged 18 to 54. The population under age 18 is expected to remain relatively constant, while the population over age 54 is expected to grow approximately 2% per year.

⁸ <https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast>

Note that these values represent Washington State's overall population, not distinguished according to healthcare coverage and including uninsured residents. Table 8 below contains the OFM population projections of Washington State by age group and gender for years 2024 through 2027.

Table 8 - WA OFM Population Projections

| <i>Gender</i> | <i>AgeBand</i> | Projected | | | |
|---------------|------------------|------------------|------------------|------------------|------------------|
| | | <i>2024</i> | <i>2025</i> | <i>2026</i> | <i>2027</i> |
| F | Under Age 18 | 833,598 | 834,606 | 835,558 | 836,287 |
| F | Ages 18 to 24 | 338,821 | 342,125 | 346,114 | 350,459 |
| F | Ages 25 to 29 | 264,513 | 260,962 | 258,872 | 258,158 |
| F | Ages 30 to 34 | 290,724 | 292,118 | 291,173 | 288,341 |
| F | Ages 35 to 39 | 281,010 | 284,141 | 288,393 | 293,151 |
| F | Ages 40 to 44 | 268,392 | 274,111 | 278,353 | 281,451 |
| F | Ages 45 to 49 | 239,685 | 244,208 | 250,258 | 257,276 |
| F | Ages 50 to 54 | 231,138 | 232,217 | 233,533 | 235,228 |
| F | Ages 55 and Over | 1,257,266 | 1,278,319 | 1,301,087 | 1,323,248 |
| M | Under Age 18 | 874,502 | 875,620 | 876,587 | 877,250 |
| M | Ages 18 to 24 | 353,737 | 356,699 | 360,881 | 365,739 |
| M | Ages 25 to 29 | 279,808 | 275,266 | 271,780 | 269,519 |
| M | Ages 30 to 34 | 307,521 | 308,581 | 307,499 | 304,507 |
| M | Ages 35 to 39 | 298,132 | 301,673 | 306,040 | 310,727 |
| M | Ages 40 to 44 | 280,402 | 287,239 | 292,618 | 296,765 |
| M | Ages 45 to 49 | 246,664 | 251,719 | 258,523 | 266,466 |
| M | Ages 50 to 54 | 236,391 | 237,238 | 238,479 | 240,235 |
| M | Ages 55 and Over | 1,142,933 | 1,163,542 | 1,186,350 | 1,208,504 |
| | Total | 8,025,237 | 8,100,384 | 8,182,098 | 8,263,311 |

Projected enrollment is then allocated by age group and gender. For the fully insured lines of business, the allocation into age group and gender uses the APCD data provided by OIC to develop the total historical enrollment counts. For the self-funded large group population, the allocation into age group and gender uses the same allocation assumption used for the fully insured large group population. The allocation assumptions are summarized below in Table 9.

Table 9 - Allocation of Statewide Enrollment Projections into Age and Gender

| Distribution for Allocation | | | | | |
|------------------------------------|------------------|-------------------|--------------------|------------------------------------|----------------------------------|
| <i>Gender</i> | <i>Age Band</i> | <i>Individual</i> | <i>Small Group</i> | <i>Large Group - Fully Insured</i> | <i>Large Group - Self-Funded</i> |
| F | Under Age 18 | 2.5% | 6.6% | 5.2% | 5.2% |
| F | Ages 18 to 24 | 3.5% | 4.3% | 4.2% | 4.2% |
| F | Ages 25 to 29 | 3.3% | 3.7% | 3.7% | 3.7% |
| F | Ages 30 to 34 | 4.8% | 5.3% | 5.4% | 5.4% |
| F | Ages 35 to 39 | 6.3% | 6.7% | 6.4% | 6.4% |
| F | Ages 40 to 44 | 2.6% | 2.8% | 3.0% | 3.0% |
| F | Ages 45 to 49 | 7.5% | 6.6% | 5.9% | 5.9% |
| F | Ages 50 to 54 | 2.1% | 1.8% | 2.4% | 2.4% |
| F | Ages 55 and Over | 21.3% | 9.4% | 14.2% | 14.2% |
| M | Under Age 18 | 2.7% | 7.0% | 5.4% | 5.4% |
| M | Ages 18 to 24 | 3.2% | 4.8% | 4.2% | 4.2% |
| M | Ages 25 to 29 | 1.6% | 2.2% | 1.8% | 1.8% |
| M | Ages 30 to 34 | 5.3% | 7.5% | 6.6% | 6.6% |
| M | Ages 35 to 39 | 4.7% | 6.4% | 5.4% | 5.4% |
| M | Ages 40 to 44 | 3.3% | 4.5% | 4.0% | 4.0% |
| M | Ages 45 to 49 | 5.7% | 6.4% | 5.4% | 5.4% |
| M | Ages 50 to 54 | 2.7% | 3.0% | 2.6% | 2.6% |
| M | Ages 55 and Over | 17.1% | 10.8% | 14.2% | 14.2% |
| | Total | 100.0% | 100.0% | 100.0% | 100.0% |

Data, assumptions, and methodology

This section describes data sources, assumptions, and methodology used to develop projected 2024 – 2027 utilization and cost for fertility benefit services in the state of Washington.

DATA

The following data sources were used to develop projected utilization and cost of fertility benefit services:

- 2018 – 2022 Washington Medicaid data
 - Detailed claim line level data for all encounters submitted to ProviderOne from January 2018 through December 2022 and monthly enrollment records from January 2018 through December 2022.
 - Both managed care and fee-for-service populations were included, limited to Title XIX and Title XXI members.
- 2019 – 2022 PEBB data
 - Detailed claim line level data for all PEBB encounters from January 2019 through December 2022 and enrollment records from January 2019 through December 2022, excluding claims and members in a Medicare Advantage plan.
- 2020 – 2022 SEBB data
 - Detailed claim line level data for all SEBB encounters from January 2020 through December 2022 and enrollment records from January 2020 through December 2022.
- 2017 – 2022 Consolidated Health Cost Guidelines Sources Database (CHSD)
 - This is a national claims sample database developed and maintained by Milliman containing claim and enrollment for many contributors nationwide from commercial (individual, small group, large group self-funded, and large group fully insured), Medicare, and Medicaid lines of business. Because it is only a sample of claims from a variety of lines of business, this dataset was used only for utilization rates and unit cost information on a per-member basis. This data source does not represent complete detail for any state, including Washington State but is assumed to be a representative sample, especially when multiple states are used as for this analysis.
- Milliman Commercial 2022 Health Cost Guidelines
 - Area factors by state, service category, and metropolitan statistical area (MSA) are used to adjust utilization and unit cost data from other states to a Washington State level.
 - Commercial trend guidelines are used as the starting point for utilization and average cost trend assumptions.
- Publicly available data sources
 - November 2022 OFM population forecasts by age group, gender, and year. This data is used for projecting commercial enrollment populations.
 - 2021 MEPS survey results. Used for estimating self-funded large group population.
 - A report of APCD data published by OFM. “Statewide All-Payer Health Care Claims Database Report”. Biennial report to the Legislature RCW 43.371.090(2). February 2021. This report contains a table of enrollment counts in the APCD in 2018 and 2019 by market segment used for validating commercial enrollment estimates.
 - Census results from the U.S. Census Bureau, 2021 American Community Survey (ACS). Table HI05_ACS. Health Insurance Coverage Status and Type of Coverage by State and Age for All

Persons: 2021. This data is used for validating population totals and health coverage in Washington State and for validating commercial enrollment estimates.

ASSUMPTIONS

The following assumptions were applied during the development of utilization and cost projections for fertility services:

- Trend adjustment
- Area adjustment
- Pent-up demand
- Cost sharing

Each of these assumptions is described in more detail below.

Trend Adjustment

We relied on commercial utilization and average cost trends from Milliman 2022 Commercial Health Cost Guidelines to develop trends. We summarized 2019 commercial data by line of business, the five fertility benefit categories, and major service categories:

- Inpatient
- Outpatient
- Professional
- Pharmacy

A majority of the utilization and costs were outpatient, professional, and pharmacy. Utilization and average cost trends by major service category and line of business were selected based on actuarial judgement and in discussion with the state's consulting actuaries for Medicaid, PEBB and SEBB projections. We then blended the trend factors using the respective distribution of major service categories for each line of business and fertility benefit categories. The same annual trend adjustment was used to project utilization and cost for years 2024 – 2027.

Area Adjustment

The utilization and cost projections are based on data from states with effective fertility mandates. The data relied upon may have different utilization and unit costs due to geographic location and local practice patterns, so we used area adjustment factors to account for these differences. We relied on commercial utilization and average cost area factors by MSA from Milliman's 2022 Commercial Health Cost Guidelines (HCGs). We summarized 2019 commercial data by line of business, state, area (urban/rural), detailed service categories, and the five fertility benefit categories. For this analysis, we defined urban as counties within an MSA and rural counties as those not in an MSA. Figure 1 below illustrates urban vs rural counties in Washington state according to this definition.

We then blended the HCG area factors using the respective distribution of detailed service categories to get an area factor by state, area (urban/rural), and fertility benefit category. We repeat this process, this time using Washington state HCG area factors. The calculated area factors for non-Washington states are then aggregated based on cost and then divided by the Washington calculated state area factors. We developed and applied area factors by line of business, fertility benefit category, and area (urban/rural) to account for any differences in utilization and costs due to geographic location.

Figure 1 – Urban vs Rural Counties in Washington State



Pent-up Demand

These projections include an assumption of pent-up demand, which assumes that in the first few years after the mandate goes into effect, members may have a higher utilization level than may be expected long-term due to previously unmet need for the benefits. For example, a member may want to undergo an IVF procedure, but could be deferring the procedure due to a combination of the high cost of treatment and the lack of access to coverage of the treatment. Once the mandate goes into effect, such a member may choose to use the benefit in the first few years after the effective date of the mandate. Table 10 below contains the pent-up demand factors assumed in the projection.

Table 10 – Pent-up Demand Adjustment Factors

| <i>Benefit</i> | <i>2024</i> | <i>2025</i> | <i>2026</i> | <i>2027</i> |
|------------------------|-------------|-------------|-------------|-------------|
| Infertility Diagnosis | 1.000 | 1.050 | 1.025 | 1.000 |
| ART | 1.000 | 1.100 | 1.050 | 1.000 |
| NART | 1.000 | 1.050 | 1.025 | 1.000 |
| Fertility Preservation | 1.000 | 1.050 | 1.025 | 1.000 |
| Fertility Medication | 1.000 | 1.050 | 1.025 | 1.000 |

(1) – No pent-up demand assumed for WA Medicaid population.
 (2) – No pent-up demand assumed for infertility diagnosis for the small group and large group commercial populations.

We estimated pent-up demand impacts by reviewing reports published by the CDC⁹ of ART cycles by year and state for states with benefit mandates. We reviewed ART experience in these reports during the years following a benefit mandate to observe patterns of benefit usage. ART experience varies by state in the years following a benefit

⁹ <https://www.cdc.gov/art/reports/archive.html>

mandate, so the factors assumed in Table 10 above represent average patterns observed in the CDC reports. We assume that ART will have the largest pent-up demand impact and that other fertility benefits will have half of the pent-up demand assumed for ART each year.

We assume the Medicaid population will not experience any pent-up demand for any of the benefit categories, based on the population makeup and discussions with the State’s consulting actuaries for the Medicaid program. We also assume that there is no pent-up demand impact for the infertility diagnosis benefit for the small group and large group commercial populations given the assumption that benefit is currently covered for those populations. Infertility diagnosis is already available for the projected populations in Washington State, but for the individual market we expect there may be an elevated utilization over historical levels due to anti-selection. That is, uninsured individuals may choose to enroll in an individual plan solely for fertility benefits once the mandate goes into effect, so we represent that potential impact using the pent-up demand factor. We did not increase the enrollment projections for anti-selection impacts, but instead reflected the impact using pent-up demand on utilization.

Cost Sharing

Approximate plan liability is projected by applying an effective coinsurance percentage to the allowed cost projection. The effective coinsurance amounts vary by line of business and benefit category in order to represent the average patient pay levels currently in effect for the target populations and the target benefits. The proposed fertility benefit mandate requires that the fertility benefits use a copayment structure comparable to existing plan benefits for each population, so this approach is used in order to meet this requirement.

Historical plan liability and allowed cost data by detailed type of service category is first used to calculate average coinsurance percentages for each line of business. Then, claims data for other states with a fertility mandate is used to estimate the distribution of costs by each detailed type of service category. For example, using the other states data, we estimate that professional radiology diagnostic office visits accounts for 24% of total costs for infertility diagnosis, and 9% of costs for ART. This distribution is used along with the detailed category-specific average coinsurance percentages to estimate an aggregate average coinsurance for each benefit category and line of business combination.

The difference between the average coinsurance assumed in this report and the actual effective coinsurance will vary by line of business and specific plans within each line of business. Differences from the cost sharing assumptions in this report may result in actual plan liabilities that differ from the amounts in this report.

Table 11 below shows the effective coinsurance levels assumed for the projection for estimating plan liability.

Table 11 - Average Coinsurance Levels by Fertility Benefit Category

| <i>Line of Business</i> | <i>Infertility Diagnosis</i> | <i>ART</i> | <i>NART</i> | <i>Fertility Preservation</i> | <i>Fertility Medication</i> | <i>Composite</i> |
|---------------------------|------------------------------|------------|-------------|-------------------------------|-----------------------------|------------------|
| Medicaid - MCO | 0% | 0% | 0% | 0% | 0% | 0% |
| Medicaid - FFS | 0% | 0% | 0% | 0% | 0% | 0% |
| PEBB UMP | 17% | 11% | 15% | 12% | 4% | 11% |
| PEBB Non-UMP | 20% | 13% | 17% | 14% | 5% | 12% |
| SEBB UMP | 18% | 12% | 16% | 13% | 4% | 11% |
| SEBB Non-UMP | 20% | 13% | 17% | 14% | 5% | 12% |
| Individual | 26% | 16% | 23% | 18% | 11% | 17% |
| Small Group | 17% | 12% | 14% | 12% | 11% | 12% |
| Large Group Fully Insured | 0% | 0% | 0% | 0% | 0% | 0% |
| Large Group Self-Funded | 0% | 0% | 0% | 0% | 0% | 0% |

PROCESSING AND PROJECTION METHODOLOGY

Utilization and cost assignment

Using the data sources described in the 'Data' section of this report, we developed a method to assign fertility benefit category, utilization, and cost to individual claims that we identified as being fertility related. This method was consistent across data sources to allow for consistent comparisons across different populations.

The benefit categories we identified as being consistent with the statement of work were:

1. Infertility Diagnostic Services
 - a. These generally consist of diagnostic tests conducted to determine whether a patient has need of infertility services, such as biopsy of testis or sperm evaluation. For a full list of codes associated with this benefit category, see Appendices B and C.
2. Assistive Reproductive Technology (ART) Services
 - a. These generally consist of services related to IVF, such as embryo transfer, sperm isolation, assisted oocyte fertilization, etc. For a full list of codes associated with this benefit category, see Appendices B and C.
3. Non-Assistive Reproductive Technology (NART) Services
 - a. These generally consist of services related to intrauterine insemination, including ovulation induction. NART also includes other fertility-related non-diagnostic services not specifically mentioned elsewhere. For a full list of codes associated with this benefit category, see Appendices B and C.
4. Fertility Preservation Services
 - a. These generally consist of services related to egg or sperm cryopreservation, such as storage of reproductive tissue or thawing of reproductive tissue. For a full list of codes associated with this benefit category, see Appendices B and C.
5. Fertility Medication Services
 - a. These consist of prescription medications often taken alongside any of the above medical services. Utilization in this category can only occur for members who also have utilization in at least one of the above benefit categories. For a full list of included drug names, see Appendix D.

The utilization and cost benefit category assignment methodology is described below. Appendix E illustrates this methodology at a high level in a flowchart.

Step 1: Identify population with evidence of infertility or preservation services

1. Identify members with at least two claims with a diagnosis code for infertility diagnosis on different dates of service or at least one claim with a fertility preservation service. Lab, pathology, and radiology claims are excluded from this identification process.
2. Identify members with any procedure code specific to infertility diagnosis or fertility preservation.

Please refer to the codes labeled 'Step 1' in Appendix B and C for the full list of codes used in this section. Members not identified in either step above are excluded from the analysis.

Step 2: Create episodes of care

1. Identify episode triggers by a trigger procedure code or by a non-lab/pathology, non-radiology claim with a trigger diagnosis code. Trigger codes are assumed to unambiguously identify an episode of care for ART, NART, and fertility preservation services. Episodes are defined only for these three benefit categories based on benefit-specific trigger code lists. The date of service of this trigger claim is the episode trigger date.

2. Each episode extends from 30 days prior to 30 days following the episode trigger date. If episodes of the same type overlap, the episode is extended such that it is 30 days prior to the first episode trigger and 30 days following the last episode trigger. All episode trigger dates are retained in this longer period. Note that this overlap rule means some episodes will extend beyond 60 days.
3. If episodes of different types overlap, the whole overlapping period is assigned to a single episode type according to the following hierarchy:
 - a. Fertility preservation
 - b. ART
 - c. NART

The overall goal is to assign each episode of care uniquely to one episode type. Please refer to codes labeled 'Step 2' in Appendix B and C for the full list of codes used in this section.

Step 3: Assign benefit categories

Benefit categories are assigned separately for claims within an episode of care (episode window) and claims outside an episode window. Each method is described below:

1. Claims with a fertility preservation, ART, or NART trigger code or claims within an episode window:
 - a. Identify all claims (regardless of diagnosis or procedure codes) on the same day as an episode trigger; attribute these claims to benefit category assigned to that episode.
 - b. Identify all claims with an infertility diagnosis code within an episode of care. Attribute these claims to the benefit category assigned to that episode window.
 - c. Identify all claims with non-trigger ART, NART, or fertility preservation procedure codes within an episode of care. Attribute these claims to the benefit category assigned to that episode window.
 - d. Identify all fertility medication using NDC. Attribute these claims to the fertility medication benefit category. Note that this list includes all drugs that can be used to support infertility treatment, even if they have other uses. We assume that if a script for one of these medications is filled within an episode window, the indication is for the fertility benefit.
 - e. All other claims within an episode window not identified using the steps above are excluded from this analysis.
2. Claims without a fertility preservation, ART, or NART trigger code and outside any episode window
 - a. Identify fertility preservation services using non-trigger procedure codes or diagnosis codes. Attribute these claims to fertility preservation benefit category.
 - b. Identify ART services using non-trigger procedure codes. Attribute these claims to ART benefit category.
 - c. Identify NART services using non-trigger procedure codes. Attribute these claims to NART benefit category.
 - d. Identify infertility diagnosis services using procedure codes and diagnosis codes. Attribute these claims to infertility diagnosis benefit category.
 - e. Identify fertility-specific medication using NDC. Attribute these claims to fertility medication benefit category. Note that medications identified in this manner are limited to those used almost exclusively for fertility purposes.
 - f. All other claims not identified using the steps above are excluded from this analysis.

Please refer to codes labeled 'Step 3' in Appendix B, C, and D for the full list of codes and drugs used in this section. After we assigned benefit categories to the relevant claims, we compiled them to develop projections.

Projection development

The methodology used to develop utilization and cost projections is described below:

Step 1: Create model base dataset

After processing the Medicaid, PEBB, SEBB, and CHSD data using the utilization and cost assignment logic described above, we conducted the following steps to build a base dataset for our projection model:

1. Reviewed annual utilization and cost by fertility benefit category, line of business, state, urban versus rural, age, and gender for reasonableness.
2. Based on data review and fertility benefit mandates imposed in other states, we selected our base data. In general, we avoided using 2020 data to limit the impact of the COVID-19 pandemic on utilization rates.
 - a. Medicaid – Used 2019 enrollment and claims data
 - b. PEBB – Used 2019 enrollment and claims data
 - c. SEBB – Used 2021 enrollment and claims data
 - d. CHSD – Used commercial enrollment and claims data from the following states / years:
 - i. 2019 Arkansas data
 - ii. 2018 and 2019 California data
 - iii. 2018 and 2019 Connecticut data
 - iv. 2019 and 2022 Delaware data
 - v. 2018 and 2019 Hawaii data
 - vi. 2019 and 2022 Illinois data
 - vii. 2018 and 2019 Massachusetts data
 - viii. 2018,2019, and 2022 Maryland data
 - ix. 2019 New Hampshire data
 - x. 2018, 2019, and 2022 New Jersey data
 - xi. 2018, 2019, and 2022 New York data
 - xii. 2018,2019, and 2022 Rhode Island data
 - xiii. 2019 Washington data
3. Split the dataset into two versions for the projection model – Washington and all other states

Step 2: Develop utilization and cost projections

We developed projections for Washington and all other states separately at the area (urban/rural), age band, gender, line of business, and fertility benefit category level of detail for each year 2024 – 2027. The formulas used to calculate projected utilization and costs are illustrated in Figure 2 and Figure 3 below. The trend adjustment is applied based on the midpoint of the base data period if there are multiple years used. We assumed no pent-up demand for the Medicaid population based on consistently low utilization in data review. We also assumed no pent-up demand for infertility diagnosis services for small group and large group plans. These services are already covered in most commercial markets. Please refer to the 'Assumptions' section for more details on the adjustments.

Some of the benefit categories projected in this report are already covered by some health plans or lines of business in Washington State. Historical Washington State experience is used in cases where we assume it represents a complete capture of the services being projected or whenever the historical Washington State exceeds the projections based on other states.

The historical Washington State commercial data used for projecting the baseline Washington State fertility experience represents a sample of commercial plans in Washington State. We assumed that this sample sometimes includes a different mix of services than what may be expected from the commercial market in aggregate, which can produce a different average unit cost amount. We adjusted for this possibility by capping the unit cost amounts in the historical Washington State data to the unit cost projections based on other states.

Note that the costs of fertility medication in this report are gross of manufacturer rebates but are net of typical discounts off average wholesale price. There are limited opportunities for manufacturer rebates for medication used for infertility treatment, as many of the medications used are available as generics.

Figure 2 - Projected Utilization per 1,000 Formula



Figure 3 - Projected Unit Cost Formula



Step 3: Summarize projection model results

After developing projections at a granular level, we summarized model results to evaluate the fiscal impacts of the proposed fertility benefit mandate. In our model summary, we compared projected costs under the fertility mandate to the projected costs under the current benefit coverage. Our model summaries, as shown in the exhibits in Appendix A, include annual member month, utilization, and cost projections with the following level of detail:

1. By line of business
2. By line of business and fertility benefit category
3. By age band, gender, and fertility benefit category for Medicaid
4. By age band, gender, and fertility benefit category for PEBB and SEBB combined
5. By age band, gender, and fertility benefit category for all commercial lines of business combined

Caveats and Limitations

This report and associated exhibits are intended for the use of the State of Washington Health Care Authority and Office of the Insurance Commissioner and their advisors in support of the sunrise benefit review of the proposed Washington fertility benefit mandate. Milliman recognizes that materials delivered to HCA and OIC may be public records subject to disclosure to third parties. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety. Milliman does not intend to benefit any third-party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

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The terms of Milliman's contract with HCA and OIC signed on January 10, 2023 apply to this report and its use.

Any reader of this report must possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions and the impact of these assumptions on the illustrated results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

Actual costs for the program will vary from our projections for many reasons. Differences between the results of our analysis and actual experience will depend on the extent to which future experience conforms to the assumptions made in our development. It is certain that actual experience will not conform exactly to the assumptions used. Actual financial impacts will differ from projected amounts to the extent that actual experience is higher or lower than expected.

This analysis has relied extensively on data provided by HCA, OIC and other sources. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Milliman has developed certain models to estimate the values included in this report. The intent of the models was to estimate utilization and costs under the proposed fertility benefit mandate. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models, including all input, calculations, and output may not be appropriate for any other purposes.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analysis in this report.

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Appendix A: Utilization and Cost Projection Summaries

Exhibit 1a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Cost Impact (Adjusted for Cost Sharing)

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
|--|----------------------|-----------------------------|---------|-----------|-----------|-------------------------------|-------------|------------------------------|----------------------------|
| | WA State Medicaid | PEBB | | SEBB | | Individual | Small Group | Fully Insured Large Group | Self-Funded Large Group |
| | | UMP | Non-UMP | UMP | Non-UMP | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <u>Aggregate Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the total cost (adjusted for cost sharing) that includes costs under the current benefit coverage plus any incremental costs under the fertility benefit mandate.</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$1.05 | \$3.48 | \$3.64 | \$3.51 | \$4.03 | \$4.93 | \$1.96 | \$4.06 | \$2.31 |
| 2025 | \$1.10 | \$3.88 | \$4.00 | \$3.92 | \$4.48 | \$5.54 | \$2.19 | \$4.57 | \$2.62 |
| 2026 | \$1.15 | \$3.86 | \$3.96 | \$3.91 | \$4.48 | \$5.60 | \$2.22 | \$4.61 | \$2.64 |
| 2027 | \$1.20 | \$3.83 | \$3.91 | \$3.89 | \$4.47 | \$5.66 | \$2.26 | \$4.65 | \$2.66 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$22.6 M | \$9.0 M | \$3.4 M | \$4.8 M | \$7.6 M | \$13.3 M | \$7.3 M | \$21.2 M | \$46.8 M |
| 2025 | \$23.9 M | \$10.1 M | \$3.8 M | \$5.4 M | \$8.5 M | \$15.1 M | \$8.2 M | \$24.0 M | \$53.5 M |
| 2026 | \$25.2 M | \$10.2 M | \$3.8 M | \$5.3 M | \$8.5 M | \$15.4 M | \$8.4 M | \$24.5 M | \$54.5 M |
| 2027 | \$26.6 M | \$10.2 M | \$3.9 M | \$5.3 M | \$8.5 M | \$15.8 M | \$8.6 M | \$25.0 M | \$55.5 M |

Exhibit 1a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Cost Impact (Adjusted for Cost Sharing)

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|--|----------------------|------------------------------------|---------|---------|---------|--------------------------------------|-------------|------------------------------|----------------------------|
| | WA State Medicaid | PEBB | | SEBB | | Individual | Small Group | Fully Insured Large Group | Self-Funded Large Group |
| | | UMP | Non-UMP | UMP | Non-UMP | | | | |
| <u>Status Quo Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the cost projection based on the current benefit coverage</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$0.00 | \$0.03 | \$0.01 | \$0.02 | \$0.03 | \$0.01 | \$0.21 | \$0.62 | \$0.24 |
| 2025 | \$0.00 | \$0.03 | \$0.01 | \$0.02 | \$0.04 | \$0.01 | \$0.22 | \$0.65 | \$0.26 |
| 2026 | \$0.00 | \$0.03 | \$0.01 | \$0.02 | \$0.04 | \$0.01 | \$0.23 | \$0.68 | \$0.27 |
| 2027 | \$0.00 | \$0.03 | \$0.01 | \$0.03 | \$0.04 | \$0.01 | \$0.24 | \$0.71 | \$0.28 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.8 M | \$3.2 M | \$4.9 M |
| 2025 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.8 M | \$3.4 M | \$5.2 M |
| 2026 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.9 M | \$3.6 M | \$5.5 M |
| 2027 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.9 M | \$3.8 M | \$5.9 M |
| <u>Incremental Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the additional cost projection resulting from the benefit mandate</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$1.05 | \$3.46 | \$3.63 | \$3.49 | \$3.99 | \$4.93 | \$1.76 | \$3.44 | \$2.07 |
| 2025 | \$1.10 | \$3.85 | \$4.00 | \$3.90 | \$4.45 | \$5.53 | \$1.97 | \$3.92 | \$2.36 |
| 2026 | \$1.15 | \$3.83 | \$3.95 | \$3.88 | \$4.44 | \$5.59 | \$2.00 | \$3.93 | \$2.37 |
| 2027 | \$1.20 | \$3.81 | \$3.90 | \$3.86 | \$4.43 | \$5.65 | \$2.02 | \$3.94 | \$2.38 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$22.6 M | \$8.9 M | \$3.4 M | \$4.8 M | \$7.6 M | \$13.3 M | \$6.5 M | \$17.9 M | \$41.9 M |
| 2025 | \$23.9 M | \$10.1 M | \$3.8 M | \$5.3 M | \$8.4 M | \$15.1 M | \$7.4 M | \$20.6 M | \$48.3 M |
| 2026 | \$25.2 M | \$10.1 M | \$3.8 M | \$5.3 M | \$8.4 M | \$15.4 M | \$7.5 M | \$20.9 M | \$49.0 M |
| 2027 | \$26.6 M | \$10.1 M | \$3.8 M | \$5.3 M | \$8.4 M | \$15.7 M | \$7.7 M | \$21.2 M | \$49.7 M |

Exhibit 1b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Allowed Cost Impact

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
|--|----------------------|-----------------------------|---------|-----------|-----------|-------------------------------|-------------|------------------------------|----------------------------|
| | WA State Medicaid | PEBB | | SEBB | | Individual | Small Group | Fully Insured Large Group | Self-Funded Large Group |
| | | UMP | Non-UMP | UMP | Non-UMP | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <u>Aggregate Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the total cost (<u>not</u> adjusted for cost sharing) that includes costs under the current benefit coverage plus any incremental costs under the fertility benefit mandate.</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$1.05 | \$3.86 | \$4.07 | \$3.92 | \$4.50 | \$5.76 | \$2.23 | \$4.51 | \$2.65 |
| 2025 | \$1.10 | \$4.30 | \$4.47 | \$4.37 | \$5.01 | \$6.47 | \$2.48 | \$5.08 | \$3.00 |
| 2026 | \$1.15 | \$4.27 | \$4.42 | \$4.35 | \$5.01 | \$6.54 | \$2.53 | \$5.13 | \$3.02 |
| 2027 | \$1.20 | \$4.24 | \$4.36 | \$4.33 | \$4.99 | \$6.61 | \$2.56 | \$5.18 | \$3.05 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$22.6 M | \$10.0 M | \$3.8 M | \$5.4 M | \$8.5 M | \$15.6 M | \$8.2 M | \$23.5 M | \$53.6 M |
| 2025 | \$23.9 M | \$11.2 M | \$4.3 M | \$6.0 M | \$9.5 M | \$17.7 M | \$9.3 M | \$26.7 M | \$61.3 M |
| 2026 | \$25.2 M | \$11.3 M | \$4.3 M | \$6.0 M | \$9.5 M | \$18.1 M | \$9.5 M | \$27.3 M | \$62.5 M |
| 2027 | \$26.6 M | \$11.3 M | \$4.3 M | \$5.9 M | \$9.5 M | \$18.4 M | \$9.8 M | \$27.8 M | \$63.6 M |

Exhibit 1b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Total Allowed Cost Impact

| | Apple Health | Public and School Employees | | | | Commercial Health Plan Market | | | |
|--|----------------------|-----------------------------|---------|---------|---------|-------------------------------|-------------|------------------------------|----------------------------|
| | WA State Medicaid | PEBB | | SEBB | | Individual | Small Group | Fully Insured Large Group | Self-Funded Large Group |
| | | UMP | Non-UMP | UMP | Non-UMP | | | | |
| <u>Status Quo Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the cost projection based on the current benefit coverage</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$0.00 | \$0.03 | \$0.01 | \$0.03 | \$0.04 | \$0.01 | \$0.24 | \$0.70 | \$0.28 |
| 2025 | \$0.00 | \$0.03 | \$0.01 | \$0.03 | \$0.04 | \$0.01 | \$0.25 | \$0.73 | \$0.30 |
| 2026 | \$0.00 | \$0.03 | \$0.01 | \$0.03 | \$0.04 | \$0.01 | \$0.26 | \$0.77 | \$0.31 |
| 2027 | \$0.00 | \$0.03 | \$0.01 | \$0.03 | \$0.05 | \$0.01 | \$0.27 | \$0.81 | \$0.33 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.9 M | \$3.7 M | \$5.7 M |
| 2025 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.9 M | \$3.9 M | \$6.1 M |
| 2026 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$1.0 M | \$4.1 M | \$6.4 M |
| 2027 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$1.0 M | \$4.3 M | \$6.8 M |
| <u>Incremental Cost Projection - All Fertility Benefits</u> | | | | | | | | | |
| <i>This is the additional cost projection resulting from the benefit mandate</i> | | | | | | | | | |
| Claim Cost PMPM - All Fertility Benefits | | | | | | | | | |
| 2024 | \$1.05 | \$3.83 | \$4.06 | \$3.89 | \$4.46 | \$5.75 | \$1.99 | \$3.81 | \$2.36 |
| 2025 | \$1.10 | \$4.26 | \$4.46 | \$4.35 | \$4.97 | \$6.46 | \$2.24 | \$4.35 | \$2.70 |
| 2026 | \$1.15 | \$4.24 | \$4.41 | \$4.33 | \$4.96 | \$6.53 | \$2.27 | \$4.36 | \$2.71 |
| 2027 | \$1.20 | \$4.21 | \$4.35 | \$4.30 | \$4.95 | \$6.60 | \$2.29 | \$4.37 | \$2.72 |
| Claim Cost Total - All Fertility Benefits | | | | | | | | | |
| 2024 | \$22.6 M | \$9.9 M | \$3.8 M | \$5.3 M | \$8.4 M | \$15.6 M | \$7.4 M | \$19.9 M | \$47.9 M |
| 2025 | \$23.9 M | \$11.1 M | \$4.2 M | \$5.9 M | \$9.4 M | \$17.7 M | \$8.4 M | \$22.9 M | \$55.2 M |
| 2026 | \$25.2 M | \$11.2 M | \$4.3 M | \$5.9 M | \$9.4 M | \$18.0 M | \$8.5 M | \$23.2 M | \$56.0 M |
| 2027 | \$26.6 M | \$11.2 M | \$4.3 M | \$5.9 M | \$9.4 M | \$18.4 M | \$8.7 M | \$23.5 M | \$56.8 M |

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|---|------------------------------|------------------------------------|----------------|-------------|----------------|--------------------------------------|--------------------|--------------------------------------|------------------------------------|
| | <u>WA State Medicaid</u> | <u>PEBB</u> | | <u>SEBB</u> | | <u>Individual</u> | <u>Small Group</u> | <u>Fully Insured Large Group</u> | <u>Self-Funded Large Group</u> |
| | | <u>UMP</u> | <u>Non-UMP</u> | <u>UMP</u> | <u>Non-UMP</u> | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <u><i>Infertility Diagnosis</i></u> | | | | | | | | | |
| Utilization per 1,000 - Infertility Diagnosis | | | | | | | | | |
| 2024 | 0.7 | 2.7 | 3.0 | 2.6 | 3.0 | 3.1 | 3.6 | 3.1 | 2.9 |
| 2025 | 0.7 | 2.9 | 3.1 | 2.8 | 3.1 | 3.2 | 3.6 | 3.1 | 2.9 |
| 2026 | 0.7 | 2.8 | 3.0 | 2.7 | 3.1 | 3.2 | 3.6 | 3.2 | 3.0 |
| 2027 | 0.7 | 2.8 | 3.0 | 2.7 | 3.0 | 3.2 | 3.7 | 3.2 | 3.0 |
| Total Utilization Per Year - Infertility Diagnosis | | | | | | | | | |
| 2024 | 1,301 | 590 | 232 | 298 | 466 | 692 | 1,101 | 1,346 | 4,892 |
| 2025 | 1,327 | 628 | 246 | 315 | 494 | 723 | 1,123 | 1,372 | 4,987 |
| 2026 | 1,353 | 625 | 245 | 311 | 487 | 729 | 1,145 | 1,400 | 5,088 |
| 2027 | 1,381 | 621 | 244 | 307 | 480 | 734 | 1,168 | 1,428 | 5,190 |
| Claim Cost PMPM - Infertility Diagnosis | | | | | | | | | |
| 2024 | \$0.00 | \$0.04 | \$0.04 | \$0.03 | \$0.04 | \$0.03 | \$0.06 | \$0.04 | \$0.04 |
| 2025 | \$0.01 | \$0.04 | \$0.04 | \$0.04 | \$0.04 | \$0.03 | \$0.06 | \$0.04 | \$0.04 |
| 2026 | \$0.01 | \$0.04 | \$0.04 | \$0.04 | \$0.04 | \$0.04 | \$0.06 | \$0.05 | \$0.05 |
| 2027 | \$0.01 | \$0.04 | \$0.04 | \$0.04 | \$0.04 | \$0.04 | \$0.06 | \$0.05 | \$0.05 |
| Claim Cost Total - Infertility Diagnosis | | | | | | | | | |
| 2024 | \$0.1 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.2 M | \$0.2 M | \$0.8 M |
| 2025 | \$0.1 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.2 M | \$0.2 M | \$0.9 M |
| 2026 | \$0.1 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.2 M | \$0.2 M | \$1.0 M |
| 2027 | \$0.1 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.2 M | \$0.3 M | \$1.0 M |

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|--|--------------------------|------------------------------------|----------------|-------------|----------------|--------------------------------------|--------------------|----------------------------------|--------------------------------|
| | <u>WA State Medicaid</u> | <u>PEBB</u> | | <u>SEBB</u> | | <u>Individual</u> | <u>Small Group</u> | <u>Fully Insured Large Group</u> | <u>Self-Funded Large Group</u> |
| | | <u>UMP</u> | <u>Non-UMP</u> | <u>UMP</u> | <u>Non-UMP</u> | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <i><u>Assisted Reproductive Technologies (ART)</u></i> | | | | | | | | | |
| Utilization per 1,000 - ART | | | | | | | | | |
| 2024 | 12.1 | 27.0 | 25.9 | 27.6 | 29.3 | 47.4 | 10.5 | 27.3 | 19.0 |
| 2025 | 12.2 | 29.9 | 28.5 | 30.6 | 32.6 | 52.7 | 11.7 | 30.3 | 21.1 |
| 2026 | 12.3 | 28.8 | 27.1 | 29.5 | 31.4 | 50.8 | 11.2 | 29.2 | 20.3 |
| 2027 | 12.5 | 27.7 | 25.8 | 28.4 | 30.2 | 48.9 | 10.8 | 28.1 | 19.6 |
| Total Utilization Per Year - ART | | | | | | | | | |
| 2024 | 21,655 | 5,815 | 2,019 | 3,145 | 4,628 | 10,694 | 3,237 | 11,843 | 32,068 |
| 2025 | 22,088 | 6,509 | 2,258 | 3,494 | 5,141 | 11,992 | 3,631 | 13,280 | 35,960 |
| 2026 | 22,529 | 6,322 | 2,192 | 3,369 | 4,957 | 11,678 | 3,536 | 12,933 | 35,019 |
| 2027 | 22,978 | 6,126 | 2,123 | 3,241 | 4,768 | 11,345 | 3,435 | 12,564 | 34,021 |
| Claim Cost PMPM - ART | | | | | | | | | |
| 2024 | \$0.37 | \$2.01 | \$1.78 | \$2.06 | \$2.04 | \$2.22 | \$0.62 | \$2.06 | \$1.42 |
| 2025 | \$0.39 | \$2.28 | \$1.99 | \$2.34 | \$2.31 | \$2.57 | \$0.72 | \$2.37 | \$1.64 |
| 2026 | \$0.40 | \$2.24 | \$1.93 | \$2.30 | \$2.28 | \$2.57 | \$0.72 | \$2.37 | \$1.64 |
| 2027 | \$0.41 | \$2.19 | \$1.88 | \$2.25 | \$2.23 | \$2.57 | \$0.72 | \$2.37 | \$1.64 |
| Claim Cost Total - ART | | | | | | | | | |
| 2024 | \$8.0 M | \$5.2 M | \$1.7 M | \$2.8 M | \$3.9 M | \$6.0 M | \$2.3 M | \$10.7 M | \$28.8 M |
| 2025 | \$8.4 M | \$5.9 M | \$1.9 M | \$3.2 M | \$4.4 M | \$7.0 M | \$2.7 M | \$12.5 M | \$33.6 M |
| 2026 | \$8.7 M | \$5.9 M | \$1.9 M | \$3.1 M | \$4.3 M | \$7.1 M | \$2.7 M | \$12.6 M | \$33.9 M |
| 2027 | \$9.1 M | \$5.8 M | \$1.9 M | \$3.1 M | \$4.2 M | \$7.2 M | \$2.7 M | \$12.7 M | \$34.2 M |

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|---|--------------------------|------------------------------------|----------------|-------------|----------------|--------------------------------------|--------------------|----------------------------------|--------------------------------|
| | <u>WA State Medicaid</u> | <u>PEBB</u> | | <u>SEBB</u> | | <u>Individual</u> | <u>Small Group</u> | <u>Fully Insured Large Group</u> | <u>Self-Funded Large Group</u> |
| | | <u>UMP</u> | <u>Non-UMP</u> | <u>UMP</u> | <u>Non-UMP</u> | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <i><u>Non-Assisted Reproductive Technologies (NART)</u></i> | | | | | | | | | |
| Utilization per 1,000 - NART | | | | | | | | | |
| 2024 | 2.9 | 14.0 | 13.4 | 13.9 | 14.8 | 10.4 | 8.1 | 14.3 | 8.5 |
| 2025 | 2.9 | 14.8 | 14.1 | 14.7 | 15.7 | 11.1 | 8.6 | 15.2 | 9.0 |
| 2026 | 2.9 | 14.6 | 13.7 | 14.5 | 15.5 | 10.9 | 8.5 | 15.0 | 8.9 |
| 2027 | 3.0 | 14.4 | 13.4 | 14.3 | 15.3 | 10.8 | 8.4 | 14.8 | 8.7 |
| Total Utilization Per Year - NART | | | | | | | | | |
| 2024 | 5,161 | 3,020 | 1,045 | 1,586 | 2,338 | 2,355 | 2,508 | 6,232 | 14,333 |
| 2025 | 5,264 | 3,226 | 1,116 | 1,682 | 2,480 | 2,521 | 2,685 | 6,661 | 15,341 |
| 2026 | 5,369 | 3,204 | 1,108 | 1,658 | 2,445 | 2,510 | 2,674 | 6,637 | 15,279 |
| 2027 | 5,476 | 3,180 | 1,099 | 1,634 | 2,409 | 2,498 | 2,662 | 6,612 | 15,206 |
| Claim Cost PMPM - NART | | | | | | | | | |
| 2024 | \$0.04 | \$0.35 | \$0.32 | \$0.34 | \$0.35 | \$0.20 | \$0.17 | \$0.38 | \$0.20 |
| 2025 | \$0.04 | \$0.38 | \$0.34 | \$0.37 | \$0.38 | \$0.23 | \$0.19 | \$0.42 | \$0.23 |
| 2026 | \$0.04 | \$0.38 | \$0.34 | \$0.38 | \$0.38 | \$0.23 | \$0.19 | \$0.43 | \$0.23 |
| 2027 | \$0.04 | \$0.38 | \$0.33 | \$0.38 | \$0.39 | \$0.24 | \$0.20 | \$0.44 | \$0.24 |
| Claim Cost Total - NART | | | | | | | | | |
| 2024 | \$0.8 M | \$0.9 M | \$0.3 M | \$0.5 M | \$0.7 M | \$0.6 M | \$0.6 M | \$2.0 M | \$4.1 M |
| 2025 | \$0.8 M | \$1.0 M | \$0.3 M | \$0.5 M | \$0.7 M | \$0.6 M | \$0.7 M | \$2.2 M | \$4.6 M |
| 2026 | \$0.9 M | \$1.0 M | \$0.3 M | \$0.5 M | \$0.7 M | \$0.6 M | \$0.7 M | \$2.3 M | \$4.8 M |
| 2027 | \$0.9 M | \$1.0 M | \$0.3 M | \$0.5 M | \$0.7 M | \$0.7 M | \$0.8 M | \$2.3 M | \$5.0 M |

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|--|--------------------------|------------------------------------|----------------|-------------|----------------|--------------------------------------|--------------------|----------------------------------|--------------------------------|
| | <u>WA State Medicaid</u> | <u>PEBB</u> | | <u>SEBB</u> | | <u>Individual</u> | <u>Small Group</u> | <u>Fully Insured Large Group</u> | <u>Self-Funded Large Group</u> |
| | | <u>UMP</u> | <u>Non-UMP</u> | <u>UMP</u> | <u>Non-UMP</u> | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <u><i>Fertility Preservation</i></u> | | | | | | | | | |
| Utilization per 1,000 - Fertility Preservation | | | | | | | | | |
| 2024 | 1.1 | 2.4 | 2.5 | 2.4 | 2.8 | 4.4 | 2.9 | 2.6 | 2.2 |
| 2025 | 1.1 | 2.5 | 2.6 | 2.6 | 2.9 | 4.6 | 3.1 | 2.8 | 2.4 |
| 2026 | 1.1 | 2.5 | 2.5 | 2.5 | 2.9 | 4.6 | 3.1 | 2.8 | 2.3 |
| 2027 | 1.1 | 2.4 | 2.5 | 2.5 | 2.9 | 4.5 | 3.0 | 2.7 | 2.3 |
| Total Utilization Per Year - Fertility Preservation | | | | | | | | | |
| 2024 | 1,987 | 515 | 193 | 277 | 439 | 985 | 908 | 1,150 | 3,746 |
| 2025 | 2,026 | 550 | 206 | 293 | 465 | 1,055 | 972 | 1,231 | 4,011 |
| 2026 | 2,067 | 546 | 204 | 289 | 459 | 1,050 | 968 | 1,226 | 3,994 |
| 2027 | 2,108 | 542 | 203 | 285 | 452 | 1,045 | 964 | 1,220 | 3,975 |
| Claim Cost PMPM - Fertility Preservation | | | | | | | | | |
| 2024 | \$0.03 | \$0.12 | \$0.14 | \$0.12 | \$0.16 | \$0.18 | \$0.20 | \$0.16 | \$0.15 |
| 2025 | \$0.03 | \$0.13 | \$0.15 | \$0.13 | \$0.18 | \$0.20 | \$0.22 | \$0.18 | \$0.16 |
| 2026 | \$0.03 | \$0.13 | \$0.15 | \$0.13 | \$0.18 | \$0.20 | \$0.23 | \$0.18 | \$0.16 |
| 2027 | \$0.03 | \$0.13 | \$0.15 | \$0.13 | \$0.18 | \$0.21 | \$0.24 | \$0.19 | \$0.17 |
| Claim Cost Total - Fertility Preservation | | | | | | | | | |
| 2024 | \$0.6 M | \$0.3 M | \$0.1 M | \$0.2 M | \$0.3 M | \$0.5 M | \$0.8 M | \$0.9 M | \$2.9 M |
| 2025 | \$0.6 M | \$0.3 M | \$0.1 M | \$0.2 M | \$0.3 M | \$0.5 M | \$0.8 M | \$0.9 M | \$3.3 M |
| 2026 | \$0.7 M | \$0.3 M | \$0.1 M | \$0.2 M | \$0.3 M | \$0.6 M | \$0.9 M | \$1.0 M | \$3.4 M |
| 2027 | \$0.7 M | \$0.3 M | \$0.1 M | \$0.2 M | \$0.3 M | \$0.6 M | \$0.9 M | \$1.0 M | \$3.5 M |

Exhibit 2
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Benefit Category

| | <u>Apple Health</u> | <u>Public and School Employees</u> | | | | <u>Commercial Health Plan Market</u> | | | |
|--|--------------------------|------------------------------------|----------------|-------------|----------------|--------------------------------------|--------------------|----------------------------------|--------------------------------|
| | <u>WA State Medicaid</u> | <u>PEBB</u> | | <u>SEBB</u> | | <u>Individual</u> | <u>Small Group</u> | <u>Fully Insured Large Group</u> | <u>Self-Funded Large Group</u> |
| | | <u>UMP</u> | <u>Non-UMP</u> | <u>UMP</u> | <u>Non-UMP</u> | | | | |
| Member Month Projection | | | | | | | | | |
| 2024 | 21,490,722 | 2,587,062 | 933,647 | 1,368,432 | 1,892,940 | 2,706,219 | 3,699,925 | 5,212,604 | 20,258,583 |
| 2025 | 21,702,277 | 2,610,538 | 951,377 | 1,368,432 | 1,892,940 | 2,731,560 | 3,734,570 | 5,261,414 | 20,448,281 |
| 2026 | 21,915,930 | 2,634,015 | 969,106 | 1,368,432 | 1,892,940 | 2,759,115 | 3,772,243 | 5,314,489 | 20,654,557 |
| 2027 | 22,131,704 | 2,657,492 | 986,835 | 1,368,432 | 1,892,940 | 2,786,501 | 3,809,685 | 5,367,239 | 20,859,567 |
| <i><u>Fertility Medications</u></i> | | | | | | | | | |
| Utilization per 1,000 - Fertility Medications | | | | | | | | | |
| 2024 | 5.9 | 12.3 | 12.5 | 12.1 | 13.2 | 22.8 | 8.9 | 13.1 | 5.0 |
| 2025 | 6.0 | 13.1 | 13.1 | 12.9 | 14.1 | 24.3 | 9.5 | 13.9 | 5.3 |
| 2026 | 6.1 | 12.9 | 12.9 | 12.8 | 14.0 | 24.1 | 9.4 | 13.8 | 5.3 |
| 2027 | 6.2 | 12.8 | 12.6 | 12.7 | 13.9 | 23.9 | 9.4 | 13.7 | 5.2 |
| Total Utilization Per Year - Fertility Medication | | | | | | | | | |
| 2024 | 10,512 | 2,645 | 969 | 1,379 | 2,086 | 5,134 | 2,752 | 5,672 | 8,433 |
| 2025 | 10,786 | 2,843 | 1,041 | 1,472 | 2,225 | 5,528 | 2,963 | 6,108 | 9,081 |
| 2026 | 11,066 | 2,841 | 1,040 | 1,460 | 2,207 | 5,538 | 2,968 | 6,119 | 9,097 |
| 2027 | 11,354 | 2,837 | 1,037 | 1,447 | 2,188 | 5,544 | 2,972 | 6,126 | 9,107 |
| Claim Cost PMPM - Fertility Medications | | | | | | | | | |
| 2024 | \$0.61 | \$0.97 | \$1.37 | \$0.95 | \$1.43 | \$2.29 | \$0.91 | \$1.42 | \$0.50 |
| 2025 | \$0.64 | \$1.06 | \$1.48 | \$1.05 | \$1.57 | \$2.51 | \$1.00 | \$1.55 | \$0.55 |
| 2026 | \$0.68 | \$1.08 | \$1.50 | \$1.07 | \$1.60 | \$2.56 | \$1.02 | \$1.58 | \$0.56 |
| 2027 | \$0.72 | \$1.10 | \$1.51 | \$1.09 | \$1.63 | \$2.61 | \$1.04 | \$1.61 | \$0.57 |
| Claim Cost Total - Fertility Medications | | | | | | | | | |
| 2024 | \$13.1 M | \$2.5 M | \$1.3 M | \$1.3 M | \$2.7 M | \$6.2 M | \$3.4 M | \$7.4 M | \$10.1 M |
| 2025 | \$13.9 M | \$2.8 M | \$1.4 M | \$1.4 M | \$3.0 M | \$6.9 M | \$3.7 M | \$8.2 M | \$11.2 M |
| 2026 | \$14.9 M | \$2.8 M | \$1.4 M | \$1.5 M | \$3.0 M | \$7.1 M | \$3.8 M | \$8.4 M | \$11.5 M |
| 2027 | \$15.9 M | \$2.9 M | \$1.5 M | \$1.5 M | \$3.1 M | \$7.3 M | \$3.9 M | \$8.7 M | \$11.8 M |

Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

| Apple Health - WA State Medicaid | | | | | | | |
|--|------------------|--------------------------|---------|---------|---------------------------|-------------------------|---------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2024</i> | | | | | | | |
| Total Utilization Per Year - 2024 | | | | | | | |
| Female | Under Age 18 | 2 | 10 | 1 | 8 | 10 | 31 |
| Female | Ages 18 to 24 | 33 | 172 | 75 | 24 | 182 | 486 |
| Female | Ages 25 to 29 | 152 | 1,579 | 616 | 138 | 1,013 | 3,498 |
| Female | Ages 30 to 34 | 369 | 6,886 | 2,100 | 587 | 3,352 | 13,295 |
| Female | Ages 35 to 39 | 311 | 7,908 | 1,584 | 695 | 3,622 | 14,120 |
| Female | Ages 40 to 44 | 140 | 4,547 | 540 | 404 | 1,995 | 7,627 |
| Female | Ages 45 to 49 | 22 | 511 | 52 | 57 | 201 | 843 |
| Female | Ages 50 to 54 | 2 | 25 | 2 | 5 | 10 | 43 |
| Female | Ages 55 and Over | 1 | 3 | 0 | 1 | 2 | 6 |
| Female | All Ages | 1,034 | 21,639 | 4,971 | 1,918 | 10,388 | 39,950 |
| Male | Under Age 18 | 0 | 2 | 0 | 4 | 1 | 6 |
| Male | Ages 18 to 24 | 3 | 0 | 1 | 5 | 2 | 12 |
| Male | Ages 25 to 29 | 24 | 3 | 12 | 6 | 5 | 50 |
| Male | Ages 30 to 34 | 90 | 3 | 70 | 17 | 37 | 217 |
| Male | Ages 35 to 39 | 87 | 5 | 61 | 18 | 41 | 212 |
| Male | Ages 40 to 44 | 41 | 3 | 29 | 11 | 24 | 108 |
| Male | Ages 45 to 49 | 14 | 1 | 11 | 4 | 9 | 38 |
| Male | Ages 50 to 54 | 5 | 0 | 3 | 3 | 4 | 14 |
| Male | Ages 55 and Over | 3 | 0 | 2 | 2 | 2 | 8 |
| Male | All Ages | 267 | 16 | 190 | 69 | 124 | 666 |
| Subtotal | Subtotal | 1,301 | 21,655 | 5,161 | 1,987 | 10,512 | 40,616 |
| Total Claims Cost - 2024 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.5 M | \$0.1 M | \$0.0 M | \$0.7 M | \$1.3 M |
| Female | Ages 30 to 34 | \$0.0 M | \$2.4 M | \$0.3 M | \$0.2 M | \$3.3 M | \$6.2 M |
| Female | Ages 35 to 39 | \$0.0 M | \$3.0 M | \$0.3 M | \$0.2 M | \$5.2 M | \$8.7 M |
| Female | Ages 40 to 44 | \$0.0 M | \$1.8 M | \$0.1 M | \$0.1 M | \$3.5 M | \$5.6 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.2 M | \$0.0 M | \$0.0 M | \$0.3 M | \$0.5 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.1 M | \$8.0 M | \$0.8 M | \$0.6 M | \$13.0 M | \$22.5 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Subtotal | Subtotal | \$0.1 M | \$8.0 M | \$0.8 M | \$0.6 M | \$13.1 M | \$22.6 M |

Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

| Apple Health - WA State Medicaid | | | | | | | |
|--|------------------|--------------------------|---------|---------|---------------------------|-------------------------|---------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2025</i> | | | | | | | |
| Total Utilization Per Year - 2025 | | | | | | | |
| Female | Under Age 18 | 2 | 10 | 1 | 8 | 10 | 31 |
| Female | Ages 18 to 24 | 34 | 175 | 77 | 24 | 187 | 497 |
| Female | Ages 25 to 29 | 155 | 1,611 | 628 | 140 | 1,040 | 3,574 |
| Female | Ages 30 to 34 | 377 | 7,023 | 2,142 | 599 | 3,440 | 13,581 |
| Female | Ages 35 to 39 | 317 | 8,066 | 1,615 | 709 | 3,716 | 14,423 |
| Female | Ages 40 to 44 | 143 | 4,638 | 551 | 412 | 2,047 | 7,791 |
| Female | Ages 45 to 49 | 23 | 521 | 53 | 58 | 206 | 862 |
| Female | Ages 50 to 54 | 2 | 26 | 2 | 5 | 10 | 44 |
| Female | Ages 55 and Over | 1 | 3 | 0 | 1 | 2 | 6 |
| Female | All Ages | 1,054 | 22,071 | 5,070 | 1,956 | 10,658 | 40,810 |
| Male | Under Age 18 | 0 | 2 | 0 | 4 | 1 | 6 |
| Male | Ages 18 to 24 | 3 | 0 | 1 | 5 | 2 | 12 |
| Male | Ages 25 to 29 | 24 | 3 | 13 | 6 | 5 | 51 |
| Male | Ages 30 to 34 | 92 | 3 | 72 | 17 | 37 | 221 |
| Male | Ages 35 to 39 | 89 | 5 | 62 | 19 | 42 | 217 |
| Male | Ages 40 to 44 | 42 | 3 | 30 | 11 | 25 | 110 |
| Male | Ages 45 to 49 | 14 | 1 | 11 | 4 | 9 | 39 |
| Male | Ages 50 to 54 | 5 | 0 | 4 | 3 | 4 | 15 |
| Male | Ages 55 and Over | 3 | 0 | 2 | 2 | 2 | 8 |
| Male | All Ages | 273 | 16 | 194 | 70 | 127 | 680 |
| Subtotal | Subtotal | 1,327 | 22,088 | 5,264 | 2,026 | 10,786 | 41,490 |
| Total Claims Cost - 2025 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.5 M | \$0.1 M | \$0.0 M | \$0.7 M | \$1.4 M |
| Female | Ages 30 to 34 | \$0.0 M | \$2.5 M | \$0.3 M | \$0.2 M | \$3.5 M | \$6.6 M |
| Female | Ages 35 to 39 | \$0.0 M | \$3.1 M | \$0.3 M | \$0.2 M | \$5.5 M | \$9.2 M |
| Female | Ages 40 to 44 | \$0.0 M | \$1.9 M | \$0.1 M | \$0.1 M | \$3.8 M | \$5.9 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.2 M | \$0.0 M | \$0.0 M | \$0.3 M | \$0.5 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.1 M | \$8.4 M | \$0.8 M | \$0.6 M | \$13.9 M | \$23.8 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Subtotal | Subtotal | \$0.1 M | \$8.4 M | \$0.8 M | \$0.6 M | \$13.9 M | \$23.9 M |

Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

| Apple Health - WA State Medicaid | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2026</i> | | | | | | | |
| Total Utilization Per Year - 2026 | | | | | | | |
| Female | Under Age 18 | 2 | 10 | 1 | 8 | 11 | 32 |
| Female | Ages 18 to 24 | 34 | 179 | 78 | 24 | 192 | 508 |
| Female | Ages 25 to 29 | 158 | 1,643 | 641 | 143 | 1,067 | 3,652 |
| Female | Ages 30 to 34 | 384 | 7,163 | 2,185 | 611 | 3,529 | 13,873 |
| Female | Ages 35 to 39 | 324 | 8,227 | 1,648 | 723 | 3,813 | 14,734 |
| Female | Ages 40 to 44 | 146 | 4,731 | 562 | 420 | 2,100 | 7,959 |
| Female | Ages 45 to 49 | 23 | 531 | 55 | 60 | 211 | 880 |
| Female | Ages 50 to 54 | 2 | 26 | 2 | 5 | 10 | 45 |
| Female | Ages 55 and Over | 1 | 3 | 0 | 1 | 2 | 6 |
| Female | All Ages | 1,075 | 22,512 | 5,171 | 1,995 | 10,936 | 41,689 |
| Male | Under Age 18 | 0 | 2 | 0 | 4 | 1 | 6 |
| Male | Ages 18 to 24 | 3 | 0 | 1 | 6 | 2 | 13 |
| Male | Ages 25 to 29 | 25 | 3 | 13 | 6 | 5 | 52 |
| Male | Ages 30 to 34 | 94 | 3 | 73 | 17 | 38 | 226 |
| Male | Ages 35 to 39 | 91 | 5 | 63 | 19 | 43 | 221 |
| Male | Ages 40 to 44 | 43 | 3 | 30 | 11 | 25 | 113 |
| Male | Ages 45 to 49 | 14 | 1 | 11 | 4 | 9 | 40 |
| Male | Ages 50 to 54 | 5 | 0 | 4 | 3 | 4 | 15 |
| Male | Ages 55 and Over | 3 | 0 | 2 | 2 | 2 | 9 |
| Male | All Ages | 278 | 16 | 198 | 72 | 130 | 694 |
| Subtotal | Subtotal | 1,353 | 22,529 | 5,369 | 2,067 | 11,066 | 42,384 |
| Total Claims Cost - 2026 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.6 M | \$0.1 M | \$0.1 M | \$0.8 M | \$1.5 M |
| Female | Ages 30 to 34 | \$0.0 M | \$2.6 M | \$0.3 M | \$0.2 M | \$3.7 M | \$6.9 M |
| Female | Ages 35 to 39 | \$0.0 M | \$3.3 M | \$0.3 M | \$0.3 M | \$5.9 M | \$9.7 M |
| Female | Ages 40 to 44 | \$0.0 M | \$2.0 M | \$0.1 M | \$0.1 M | \$4.0 M | \$6.3 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.2 M | \$0.0 M | \$0.0 M | \$0.3 M | \$0.6 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.1 M | \$8.7 M | \$0.8 M | \$0.6 M | \$14.9 M | \$25.1 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Subtotal | Subtotal | \$0.1 M | \$8.7 M | \$0.9 M | \$0.7 M | \$14.9 M | \$25.2 M |

Exhibit 3a
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Apple Health Medicaid

| Apple Health - WA State Medicaid | | | | | | | |
|---|--------------------------|---------|---------|---------------------------|-------------------------|---------------------------|----------|
| | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits | |
| <i>Projection Year 2027</i> | | | | | | | |
| Total Utilization Per Year- 2027 | | | | | | | |
| Female | Under Age 18 | 2 | 10 | 1 | 8 | 11 | 33 |
| Female | Ages 18 to 24 | 35 | 182 | 80 | 25 | 197 | 519 |
| Female | Ages 25 to 29 | 162 | 1,676 | 654 | 146 | 1,094 | 3,731 |
| Female | Ages 30 to 34 | 392 | 7,306 | 2,229 | 623 | 3,621 | 14,171 |
| Female | Ages 35 to 39 | 330 | 8,391 | 1,681 | 737 | 3,912 | 15,051 |
| Female | Ages 40 to 44 | 149 | 4,825 | 573 | 429 | 2,155 | 8,131 |
| Female | Ages 45 to 49 | 24 | 542 | 56 | 61 | 217 | 899 |
| Female | Ages 50 to 54 | 2 | 27 | 2 | 5 | 11 | 46 |
| Female | Ages 55 and Over | 1 | 3 | 0 | 1 | 2 | 7 |
| Female | All Ages | 1,097 | 22,962 | 5,275 | 2,035 | 11,220 | 42,588 |
| Male | Under Age 18 | 0 | 2 | 0 | 4 | 1 | 6 |
| Male | Ages 18 to 24 | 3 | 0 | 1 | 6 | 2 | 13 |
| Male | Ages 25 to 29 | 25 | 3 | 13 | 6 | 6 | 53 |
| Male | Ages 30 to 34 | 96 | 3 | 75 | 18 | 39 | 231 |
| Male | Ages 35 to 39 | 92 | 5 | 65 | 19 | 44 | 226 |
| Male | Ages 40 to 44 | 44 | 3 | 31 | 11 | 26 | 115 |
| Male | Ages 45 to 49 | 15 | 1 | 12 | 4 | 9 | 40 |
| Male | Ages 50 to 54 | 5 | 0 | 4 | 3 | 4 | 15 |
| Male | Ages 55 and Over | 3 | 0 | 2 | 2 | 2 | 9 |
| Male | All Ages | 284 | 17 | 202 | 73 | 134 | 709 |
| Subtotal | Subtotal | 1,381 | 22,978 | 5,476 | 2,108 | 11,354 | 43,297 |
| Total Claims Cost - 2027 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.6 M | \$0.1 M | \$0.1 M | \$0.8 M | \$1.6 M |
| Female | Ages 30 to 34 | \$0.0 M | \$2.7 M | \$0.4 M | \$0.2 M | \$4.0 M | \$7.3 M |
| Female | Ages 35 to 39 | \$0.0 M | \$3.4 M | \$0.3 M | \$0.3 M | \$6.3 M | \$10.3 M |
| Female | Ages 40 to 44 | \$0.0 M | \$2.1 M | \$0.1 M | \$0.1 M | \$4.3 M | \$6.6 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.2 M | \$0.0 M | \$0.0 M | \$0.3 M | \$0.6 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.1 M | \$9.1 M | \$0.9 M | \$0.7 M | \$15.8 M | \$26.5 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Subtotal | Subtotal | \$0.1 M | \$9.1 M | \$0.9 M | \$0.7 M | \$15.9 M | \$26.6 M |

Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

| PEBB & SEBB | | | | | | | |
|--|--------------------|---------|------------|-------------|---------------------|-------------------|----------------------|
| | Infertility | | ART | NART | Fertility | Fertility | All Fertility |
| | Diagnosis | | | | Preservation | Medication | Benefits |
| <i>Projection Year 2024</i> | | | | | | | |
| Total Utilization Per Year - 2024 | | | | | | | |
| Female | Under Age 18 | 1 | 3 | 1 | 2 | 3 | 10 |
| Female | Ages 18 to 24 | 34 | 92 | 102 | 12 | 98 | 339 |
| Female | Ages 25 to 29 | 126 | 700 | 655 | 55 | 424 | 1,960 |
| Female | Ages 30 to 34 | 377 | 3,773 | 2,763 | 290 | 1,721 | 8,924 |
| Female | Ages 35 to 39 | 427 | 5,818 | 2,798 | 477 | 2,504 | 12,024 |
| Female | Ages 40 to 44 | 253 | 4,546 | 1,245 | 377 | 1,871 | 8,291 |
| Female | Ages 45 to 49 | 53 | 628 | 156 | 66 | 214 | 1,117 |
| Female | Ages 50 to 54 | 5 | 34 | 5 | 6 | 12 | 62 |
| Female | Ages 55 and Over | 1 | 2 | 1 | 1 | 2 | 7 |
| Female | All Ages | 1,277 | 15,596 | 7,727 | 1,287 | 6,848 | 32,735 |
| Male | Under Age 18 | 0 | 0 | 0 | 3 | 0 | 3 |
| Male | Ages 18 to 24 | 4 | 0 | 2 | 13 | 4 | 24 |
| Male | Ages 25 to 29 | 17 | 1 | 10 | 7 | 6 | 42 |
| Male | Ages 30 to 34 | 77 | 2 | 74 | 23 | 46 | 221 |
| Male | Ages 35 to 39 | 107 | 4 | 90 | 34 | 76 | 312 |
| Male | Ages 40 to 44 | 61 | 3 | 50 | 30 | 57 | 201 |
| Male | Ages 45 to 49 | 27 | 1 | 24 | 12 | 25 | 89 |
| Male | Ages 50 to 54 | 9 | 0 | 8 | 9 | 12 | 37 |
| Male | Ages 55 and Over | 5 | 0 | 3 | 6 | 4 | 18 |
| Male | All Ages | 307 | 11 | 262 | 136 | 231 | 947 |
| Subtotal | Subtotal | 1,585 | 15,607 | 7,989 | 1,423 | 7,079 | 33,682 |
| Total Claims Cost - 2024 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.5 M | \$0.2 M | \$0.0 M | \$0.2 M | \$1.0 M |
| Female | Ages 30 to 34 | \$0.1 M | \$3.1 M | \$0.8 M | \$0.2 M | \$1.4 M | \$5.5 M |
| Female | Ages 35 to 39 | \$0.1 M | \$4.9 M | \$0.8 M | \$0.3 M | \$2.8 M | \$8.9 M |
| Female | Ages 40 to 44 | \$0.0 M | \$4.4 M | \$0.4 M | \$0.3 M | \$3.0 M | \$8.1 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.5 M | \$0.1 M | \$0.0 M | \$0.3 M | \$0.9 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.2 M | \$13.6 M | \$2.3 M | \$0.8 M | \$7.8 M | \$24.6 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.1 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Subtotal | Subtotal | \$0.2 M | \$13.6 M | \$2.3 M | \$0.9 M | \$7.8 M | \$24.8 M |

Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

| PEBB & SEBB | | | | | | | |
|--|--------------------|---------|------------|-------------|---------------------|-------------------|----------------------|
| | Infertility | | ART | NART | Fertility | Fertility | All Fertility |
| | Diagnosis | | | | Preservation | Medication | Benefits |
| <i>Projection Year 2025</i> | | | | | | | |
| Total Utilization Per Year - 2025 | | | | | | | |
| Female | Under Age 18 | 1 | 3 | 1 | 2 | 3 | 11 |
| Female | Ages 18 to 24 | 36 | 103 | 109 | 13 | 105 | 366 |
| Female | Ages 25 to 29 | 134 | 780 | 697 | 58 | 454 | 2,123 |
| Female | Ages 30 to 34 | 400 | 4,206 | 2,941 | 309 | 1,843 | 9,699 |
| Female | Ages 35 to 39 | 453 | 6,489 | 2,978 | 508 | 2,682 | 13,111 |
| Female | Ages 40 to 44 | 269 | 5,069 | 1,325 | 401 | 2,003 | 9,067 |
| Female | Ages 45 to 49 | 56 | 700 | 166 | 71 | 229 | 1,222 |
| Female | Ages 50 to 54 | 5 | 38 | 6 | 6 | 13 | 68 |
| Female | Ages 55 and Over | 1 | 3 | 1 | 1 | 2 | 7 |
| Female | All Ages | 1,356 | 17,391 | 8,225 | 1,369 | 7,333 | 35,675 |
| Male | Under Age 18 | 0 | 0 | 0 | 4 | 0 | 4 |
| Male | Ages 18 to 24 | 4 | 0 | 2 | 14 | 5 | 25 |
| Male | Ages 25 to 29 | 19 | 2 | 11 | 7 | 7 | 45 |
| Male | Ages 30 to 34 | 81 | 2 | 78 | 24 | 49 | 235 |
| Male | Ages 35 to 39 | 114 | 4 | 96 | 36 | 82 | 332 |
| Male | Ages 40 to 44 | 65 | 3 | 54 | 32 | 61 | 215 |
| Male | Ages 45 to 49 | 29 | 1 | 26 | 13 | 27 | 95 |
| Male | Ages 50 to 54 | 10 | 0 | 9 | 9 | 12 | 40 |
| Male | Ages 55 and Over | 5 | 0 | 4 | 6 | 5 | 19 |
| Male | All Ages | 327 | 12 | 279 | 145 | 247 | 1,010 |
| Subtotal | Subtotal | 1,683 | 17,403 | 8,503 | 1,514 | 7,581 | 36,685 |
| Total Claims Cost - 2025 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.6 M | \$0.2 M | \$0.0 M | \$0.3 M | \$1.1 M |
| Female | Ages 30 to 34 | \$0.1 M | \$3.5 M | \$0.8 M | \$0.2 M | \$1.6 M | \$6.2 M |
| Female | Ages 35 to 39 | \$0.1 M | \$5.6 M | \$0.9 M | \$0.3 M | \$3.0 M | \$10.0 M |
| Female | Ages 40 to 44 | \$0.0 M | \$5.0 M | \$0.5 M | \$0.3 M | \$3.3 M | \$9.0 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.6 M | \$0.1 M | \$0.0 M | \$0.3 M | \$1.0 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.2 M | \$15.4 M | \$2.5 M | \$0.9 M | \$8.6 M | \$27.5 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.1 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Subtotal | Subtotal | \$0.3 M | \$15.4 M | \$2.5 M | \$1.0 M | \$8.6 M | \$27.8 M |

Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

| PEBB & SEBB | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2026</i> | | | | | | | |
| Total Utilization per Year - 2026 | | | | | | | |
| Female | Under Age 18 | 1 | 3 | 1 | 2 | 3 | 11 |
| Female | Ages 18 to 24 | 36 | 99 | 108 | 13 | 104 | 361 |
| Female | Ages 25 to 29 | 132 | 755 | 690 | 58 | 451 | 2,086 |
| Female | Ages 30 to 34 | 396 | 4,069 | 2,910 | 305 | 1,835 | 9,516 |
| Female | Ages 35 to 39 | 449 | 6,280 | 2,948 | 503 | 2,670 | 12,850 |
| Female | Ages 40 to 44 | 266 | 4,905 | 1,311 | 397 | 1,994 | 8,874 |
| Female | Ages 45 to 49 | 56 | 677 | 164 | 70 | 228 | 1,195 |
| Female | Ages 50 to 54 | 5 | 37 | 6 | 6 | 13 | 67 |
| Female | Ages 55 and Over | 1 | 3 | 1 | 1 | 2 | 7 |
| Female | All Ages | 1,344 | 16,828 | 8,138 | 1,355 | 7,301 | 34,966 |
| Male | Under Age 18 | 0 | 0 | 0 | 4 | 0 | 4 |
| Male | Ages 18 to 24 | 4 | 0 | 2 | 14 | 5 | 25 |
| Male | Ages 25 to 29 | 18 | 2 | 11 | 7 | 7 | 45 |
| Male | Ages 30 to 34 | 81 | 2 | 78 | 24 | 49 | 233 |
| Male | Ages 35 to 39 | 113 | 4 | 95 | 36 | 82 | 329 |
| Male | Ages 40 to 44 | 65 | 3 | 53 | 32 | 60 | 213 |
| Male | Ages 45 to 49 | 28 | 1 | 25 | 13 | 27 | 94 |
| Male | Ages 50 to 54 | 9 | 0 | 9 | 9 | 12 | 40 |
| Male | Ages 55 and Over | 5 | 0 | 4 | 6 | 5 | 19 |
| Male | All Ages | 324 | 12 | 276 | 143 | 246 | 1,002 |
| Subtotal | Subtotal | 1,668 | 16,840 | 8,415 | 1,499 | 7,547 | 35,967 |
| Total Claims Cost - 2026 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.6 M | \$0.2 M | \$0.0 M | \$0.3 M | \$1.1 M |
| Female | Ages 30 to 34 | \$0.1 M | \$3.4 M | \$0.8 M | \$0.2 M | \$1.6 M | \$6.2 M |
| Female | Ages 35 to 39 | \$0.1 M | \$5.5 M | \$0.9 M | \$0.3 M | \$3.1 M | \$10.0 M |
| Female | Ages 40 to 44 | \$0.0 M | \$4.9 M | \$0.5 M | \$0.3 M | \$3.4 M | \$9.1 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.6 M | \$0.1 M | \$0.0 M | \$0.3 M | \$1.0 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.2 M | \$15.2 M | \$2.5 M | \$0.9 M | \$8.8 M | \$27.6 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.1 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.3 M |
| Subtotal | Subtotal | \$0.3 M | \$15.2 M | \$2.6 M | \$1.0 M | \$8.8 M | \$27.8 M |

Exhibit 3b
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Public and School Employees (PEBB & SEBB)

| PEBB & SEBB | | | | | | | |
|--|--------------------|---------|------------|-------------|---------------------|-------------------|----------------------|
| | Infertility | | ART | NART | Fertility | Fertility | All Fertility |
| | Diagnosis | | | | Preservation | Medication | Benefits |
| <i>Projection Year 2027</i> | | | | | | | |
| Total Utilization Per Year - 2027 | | | | | | | |
| Female | Under Age 18 | 1 | 3 | 1 | 2 | 3 | 10 |
| Female | Ages 18 to 24 | 36 | 96 | 107 | 13 | 104 | 355 |
| Female | Ages 25 to 29 | 131 | 728 | 682 | 57 | 449 | 2,048 |
| Female | Ages 30 to 34 | 392 | 3,928 | 2,877 | 302 | 1,825 | 9,325 |
| Female | Ages 35 to 39 | 445 | 6,063 | 2,916 | 497 | 2,657 | 12,578 |
| Female | Ages 40 to 44 | 264 | 4,735 | 1,297 | 393 | 1,984 | 8,673 |
| Female | Ages 45 to 49 | 55 | 654 | 162 | 69 | 227 | 1,167 |
| Female | Ages 50 to 54 | 5 | 35 | 6 | 6 | 13 | 65 |
| Female | Ages 55 and Over | 1 | 2 | 1 | 1 | 2 | 7 |
| Female | All Ages | 1,330 | 16,246 | 8,048 | 1,340 | 7,263 | 34,228 |
| Male | Under Age 18 | 0 | 0 | 0 | 4 | 0 | 4 |
| Male | Ages 18 to 24 | 4 | 0 | 2 | 14 | 5 | 25 |
| Male | Ages 25 to 29 | 18 | 2 | 11 | 7 | 7 | 44 |
| Male | Ages 30 to 34 | 80 | 2 | 77 | 23 | 49 | 231 |
| Male | Ages 35 to 39 | 112 | 4 | 94 | 35 | 81 | 327 |
| Male | Ages 40 to 44 | 64 | 3 | 53 | 31 | 60 | 211 |
| Male | Ages 45 to 49 | 28 | 1 | 25 | 13 | 27 | 93 |
| Male | Ages 50 to 54 | 9 | 0 | 8 | 9 | 12 | 39 |
| Male | Ages 55 and Over | 5 | 0 | 4 | 6 | 5 | 19 |
| Male | All Ages | 321 | 11 | 273 | 142 | 245 | 993 |
| Subtotal | Subtotal | 1,651 | 16,257 | 8,321 | 1,482 | 7,509 | 35,220 |
| Total Claims Cost - 2027 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.2 M |
| Female | Ages 25 to 29 | \$0.0 M | \$0.6 M | \$0.2 M | \$0.0 M | \$0.3 M | \$1.1 M |
| Female | Ages 30 to 34 | \$0.1 M | \$3.4 M | \$0.8 M | \$0.2 M | \$1.7 M | \$6.2 M |
| Female | Ages 35 to 39 | \$0.1 M | \$5.5 M | \$0.9 M | \$0.3 M | \$3.2 M | \$10.0 M |
| Female | Ages 40 to 44 | \$0.0 M | \$4.8 M | \$0.5 M | \$0.3 M | \$3.4 M | \$9.1 M |
| Female | Ages 45 to 49 | \$0.0 M | \$0.6 M | \$0.1 M | \$0.0 M | \$0.3 M | \$1.0 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$0.2 M | \$15.0 M | \$2.5 M | \$0.9 M | \$9.0 M | \$27.6 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.1 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 35 to 39 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.3 M |
| Subtotal | Subtotal | \$0.3 M | \$15.0 M | \$2.6 M | \$1.0 M | \$9.0 M | \$27.8 M |

Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

| Commercial Health Plan Market | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2024</i> | | | | | | | |
| Total Utilization Per Year - 2024 | | | | | | | |
| Female | Under Age 18 | 2 | 4 | 0 | 4 | 3 | 15 |
| Female | Ages 18 to 24 | 111 | 242 | 214 | 42 | 203 | 811 |
| Female | Ages 25 to 29 | 669 | 2,955 | 2,271 | 311 | 1,487 | 7,693 |
| Female | Ages 30 to 34 | 2,063 | 15,782 | 9,482 | 1,624 | 6,017 | 34,969 |
| Female | Ages 35 to 39 | 1,926 | 20,528 | 8,061 | 2,186 | 7,391 | 40,092 |
| Female | Ages 40 to 44 | 1,150 | 16,122 | 3,715 | 1,737 | 5,551 | 28,275 |
| Female | Ages 45 to 49 | 211 | 2,044 | 389 | 277 | 617 | 3,539 |
| Female | Ages 50 to 54 | 20 | 108 | 14 | 25 | 34 | 201 |
| Female | Ages 55 and Over | 5 | 10 | 1 | 4 | 6 | 26 |
| Female | All Ages | 6,158 | 57,795 | 24,148 | 6,211 | 21,310 | 115,622 |
| Male | Under Age 18 | 0 | 0 | 1 | 4 | 0 | 5 |
| Male | Ages 18 to 24 | 12 | 0 | 5 | 26 | 5 | 49 |
| Male | Ages 25 to 29 | 123 | 7 | 62 | 38 | 22 | 251 |
| Male | Ages 30 to 34 | 537 | 8 | 419 | 124 | 165 | 1,252 |
| Male | Ages 35 to 39 | 625 | 17 | 407 | 156 | 222 | 1,427 |
| Male | Ages 40 to 44 | 376 | 12 | 244 | 127 | 166 | 925 |
| Male | Ages 45 to 49 | 130 | 2 | 95 | 45 | 60 | 333 |
| Male | Ages 50 to 54 | 41 | 0 | 31 | 33 | 28 | 133 |
| Male | Ages 55 and Over | 30 | 1 | 17 | 26 | 13 | 86 |
| Male | All Ages | 1,873 | 46 | 1,281 | 578 | 682 | 4,460 |
| Subtotal | Subtotal | 8,032 | 57,841 | 25,428 | 6,789 | 21,992 | 120,082 |
| Total Claims Cost - 2024 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.2 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.4 M |
| Female | Ages 25 to 29 | \$0.1 M | \$2.2 M | \$0.6 M | \$0.2 M | \$0.9 M | \$4.1 M |
| Female | Ages 30 to 34 | \$0.4 M | \$12.4 M | \$2.7 M | \$1.4 M | \$5.8 M | \$22.7 M |
| Female | Ages 35 to 39 | \$0.4 M | \$17.0 M | \$2.3 M | \$1.8 M | \$9.6 M | \$31.2 M |
| Female | Ages 40 to 44 | \$0.2 M | \$14.4 M | \$1.2 M | \$1.1 M | \$9.7 M | \$26.6 M |
| Female | Ages 45 to 49 | \$0.0 M | \$1.5 M | \$0.1 M | \$0.2 M | \$0.7 M | \$2.6 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$1.2 M | \$47.8 M | \$7.0 M | \$4.7 M | \$26.9 M | \$87.7 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.2 M |
| Male | Ages 35 to 39 | \$0.1 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.3 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.2 M | \$0.1 M | \$0.3 M | \$0.3 M | \$0.1 M | \$0.9 M |
| Subtotal | Subtotal | \$1.4 M | \$47.9 M | \$7.3 M | \$5.0 M | \$27.0 M | \$88.6 M |

Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

| Commercial Health Plan Market | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2025</i> | | | | | | | |
| Total Utilization Per Year - 2025 | | | | | | | |
| Female | Under Age 18 | 2 | 5 | 0 | 5 | 3 | 16 |
| Female | Ages 18 to 24 | 113 | 271 | 229 | 45 | 219 | 877 |
| Female | Ages 25 to 29 | 685 | 3,313 | 2,431 | 333 | 1,601 | 8,364 |
| Female | Ages 30 to 34 | 2,104 | 17,698 | 10,150 | 1,739 | 6,479 | 38,170 |
| Female | Ages 35 to 39 | 1,964 | 23,020 | 8,629 | 2,340 | 7,959 | 43,912 |
| Female | Ages 40 to 44 | 1,177 | 18,079 | 3,977 | 1,860 | 5,977 | 31,071 |
| Female | Ages 45 to 49 | 216 | 2,292 | 417 | 297 | 665 | 3,887 |
| Female | Ages 50 to 54 | 21 | 121 | 15 | 27 | 36 | 220 |
| Female | Ages 55 and Over | 5 | 11 | 1 | 4 | 7 | 28 |
| Female | All Ages | 6,288 | 64,813 | 25,849 | 6,649 | 22,946 | 126,544 |
| Male | Under Age 18 | 0 | 0 | 1 | 4 | 0 | 5 |
| Male | Ages 18 to 24 | 12 | 0 | 5 | 28 | 6 | 52 |
| Male | Ages 25 to 29 | 125 | 8 | 66 | 41 | 23 | 263 |
| Male | Ages 30 to 34 | 549 | 9 | 445 | 132 | 178 | 1,312 |
| Male | Ages 35 to 39 | 639 | 18 | 432 | 167 | 239 | 1,496 |
| Male | Ages 40 to 44 | 385 | 13 | 260 | 135 | 179 | 972 |
| Male | Ages 45 to 49 | 133 | 3 | 101 | 48 | 65 | 350 |
| Male | Ages 50 to 54 | 42 | 1 | 33 | 35 | 30 | 140 |
| Male | Ages 55 and Over | 31 | 1 | 18 | 28 | 14 | 91 |
| Male | All Ages | 1,917 | 51 | 1,360 | 619 | 734 | 4,681 |
| Subtotal | Subtotal | 8,205 | 64,864 | 27,209 | 7,268 | 23,680 | 131,225 |
| Total Claims Cost - 2025 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.2 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.5 M |
| Female | Ages 25 to 29 | \$0.1 M | \$2.5 M | \$0.7 M | \$0.3 M | \$1.0 M | \$4.7 M |
| Female | Ages 30 to 34 | \$0.4 M | \$14.5 M | \$3.0 M | \$1.5 M | \$6.4 M | \$25.8 M |
| Female | Ages 35 to 39 | \$0.4 M | \$19.8 M | \$2.6 M | \$2.0 M | \$10.7 M | \$35.5 M |
| Female | Ages 40 to 44 | \$0.2 M | \$16.8 M | \$1.3 M | \$1.2 M | \$10.7 M | \$30.3 M |
| Female | Ages 45 to 49 | \$0.0 M | \$1.7 M | \$0.1 M | \$0.2 M | \$0.8 M | \$2.9 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$1.3 M | \$55.6 M | \$7.8 M | \$5.3 M | \$29.8 M | \$99.8 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 35 to 39 | \$0.1 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.4 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.2 M | \$0.1 M | \$0.3 M | \$0.3 M | \$0.1 M | \$1.0 M |
| Subtotal | Subtotal | \$1.4 M | \$55.7 M | \$8.1 M | \$5.6 M | \$29.9 M | \$100.8 M |

Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

| Commercial Health Plan Market | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2026</i> | | | | | | | |
| Total Utilization Per Year - 2026 | | | | | | | |
| Female | Under Age 18 | 2 | 5 | 0 | 5 | 3 | 16 |
| Female | Ages 18 to 24 | 116 | 264 | 228 | 44 | 219 | 871 |
| Female | Ages 25 to 29 | 698 | 3,227 | 2,421 | 332 | 1,604 | 8,281 |
| Female | Ages 30 to 34 | 2,146 | 17,235 | 10,108 | 1,732 | 6,491 | 37,713 |
| Female | Ages 35 to 39 | 2,003 | 22,418 | 8,594 | 2,331 | 7,973 | 43,319 |
| Female | Ages 40 to 44 | 1,199 | 17,606 | 3,961 | 1,852 | 5,988 | 30,606 |
| Female | Ages 45 to 49 | 220 | 2,232 | 415 | 295 | 666 | 3,829 |
| Female | Ages 50 to 54 | 21 | 118 | 15 | 27 | 36 | 217 |
| Female | Ages 55 and Over | 5 | 11 | 1 | 4 | 7 | 28 |
| Female | All Ages | 6,410 | 63,116 | 25,743 | 6,622 | 22,988 | 124,880 |
| Male | Under Age 18 | 0 | 0 | 1 | 4 | 0 | 5 |
| Male | Ages 18 to 24 | 13 | 0 | 5 | 28 | 6 | 52 |
| Male | Ages 25 to 29 | 128 | 7 | 66 | 40 | 23 | 265 |
| Male | Ages 30 to 34 | 559 | 8 | 444 | 132 | 178 | 1,321 |
| Male | Ages 35 to 39 | 651 | 18 | 431 | 166 | 240 | 1,506 |
| Male | Ages 40 to 44 | 392 | 13 | 259 | 135 | 179 | 978 |
| Male | Ages 45 to 49 | 135 | 2 | 101 | 48 | 65 | 352 |
| Male | Ages 50 to 54 | 42 | 1 | 33 | 35 | 30 | 141 |
| Male | Ages 55 and Over | 31 | 1 | 18 | 28 | 14 | 91 |
| Male | All Ages | 1,952 | 50 | 1,357 | 617 | 735 | 4,711 |
| Subtotal | Subtotal | 8,362 | 63,167 | 27,100 | 7,239 | 23,723 | 129,591 |
| Total Claims Cost - 2026 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.2 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.5 M |
| Female | Ages 25 to 29 | \$0.2 M | \$2.5 M | \$0.7 M | \$0.3 M | \$1.1 M | \$4.8 M |
| Female | Ages 30 to 34 | \$0.5 M | \$14.6 M | \$3.1 M | \$1.6 M | \$6.6 M | \$26.4 M |
| Female | Ages 35 to 39 | \$0.4 M | \$20.1 M | \$2.7 M | \$2.1 M | \$11.0 M | \$36.2 M |
| Female | Ages 40 to 44 | \$0.2 M | \$17.0 M | \$1.3 M | \$1.3 M | \$11.1 M | \$30.9 M |
| Female | Ages 45 to 49 | \$0.0 M | \$1.7 M | \$0.1 M | \$0.2 M | \$0.8 M | \$3.0 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$1.4 M | \$56.2 M | \$8.1 M | \$5.4 M | \$30.7 M | \$101.8 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 30 to 34 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 35 to 39 | \$0.1 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.4 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.2 M | \$0.1 M | \$0.3 M | \$0.4 M | \$0.1 M | \$1.1 M |
| Subtotal | Subtotal | \$1.5 M | \$56.4 M | \$8.4 M | \$5.8 M | \$30.8 M | \$102.9 M |

Exhibit 3c
Washington State Healthcare Authority (HCA) and Office of the Insurance Commissioner (OIC)
Proposed Fertility Benefit Mandate
Aggregate Utilization and Cost Projection (Adjusted for Cost Sharing and Includes Current Plus Incremental Costs)
By Age and Gender - Commercial Market (Individual, Small Group, Large Group)

| Commercial Health Plan Market | | | | | | | |
|--|------------------|----------------------------------|------------|-------------|-----------------------------------|---------------------------------|-----------------------------------|
| | | Infertility Diagnosis | ART | NART | Fertility Preservation | Fertility Medication | All Fertility Benefits |
| <i>Projection Year 2027</i> | | | | | | | |
| Total Utilization Per Year - 2027 | | | | | | | |
| Female | Under Age 18 | 2 | 5 | 0 | 5 | 3 | 16 |
| Female | Ages 18 to 24 | 118 | 257 | 227 | 44 | 219 | 865 |
| Female | Ages 25 to 29 | 710 | 3,135 | 2,409 | 330 | 1,606 | 8,190 |
| Female | Ages 30 to 34 | 2,189 | 16,744 | 10,059 | 1,724 | 6,498 | 37,214 |
| Female | Ages 35 to 39 | 2,043 | 21,778 | 8,553 | 2,320 | 7,982 | 42,675 |
| Female | Ages 40 to 44 | 1,220 | 17,104 | 3,942 | 1,843 | 5,994 | 30,103 |
| Female | Ages 45 to 49 | 224 | 2,168 | 413 | 294 | 667 | 3,767 |
| Female | Ages 50 to 54 | 21 | 115 | 15 | 27 | 36 | 213 |
| Female | Ages 55 and Over | 5 | 11 | 1 | 4 | 7 | 28 |
| Female | All Ages | 6,533 | 61,316 | 25,619 | 6,590 | 23,012 | 123,070 |
| Male | Under Age 18 | 0 | 0 | 1 | 4 | 0 | 5 |
| Male | Ages 18 to 24 | 13 | 0 | 5 | 28 | 6 | 52 |
| Male | Ages 25 to 29 | 130 | 7 | 66 | 40 | 24 | 267 |
| Male | Ages 30 to 34 | 569 | 8 | 445 | 131 | 178 | 1,331 |
| Male | Ages 35 to 39 | 663 | 18 | 432 | 166 | 240 | 1,518 |
| Male | Ages 40 to 44 | 399 | 13 | 259 | 134 | 179 | 985 |
| Male | Ages 45 to 49 | 138 | 2 | 101 | 48 | 65 | 354 |
| Male | Ages 50 to 54 | 43 | 0 | 33 | 35 | 30 | 141 |
| Male | Ages 55 and Over | 32 | 1 | 18 | 28 | 14 | 92 |
| Male | All Ages | 1,987 | 49 | 1,359 | 614 | 736 | 4,745 |
| Subtotal | Subtotal | 8,521 | 61,365 | 26,977 | 7,204 | 23,748 | 127,815 |
| Total Claims Cost - 2027 | | | | | | | |
| Female | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | Ages 18 to 24 | \$0.0 M | \$0.2 M | \$0.1 M | \$0.0 M | \$0.1 M | \$0.5 M |
| Female | Ages 25 to 29 | \$0.2 M | \$2.6 M | \$0.7 M | \$0.3 M | \$1.1 M | \$4.8 M |
| Female | Ages 30 to 34 | \$0.5 M | \$14.8 M | \$3.2 M | \$1.6 M | \$6.8 M | \$26.9 M |
| Female | Ages 35 to 39 | \$0.5 M | \$20.2 M | \$2.8 M | \$2.1 M | \$11.3 M | \$36.9 M |
| Female | Ages 40 to 44 | \$0.3 M | \$17.1 M | \$1.4 M | \$1.3 M | \$11.4 M | \$31.5 M |
| Female | Ages 45 to 49 | \$0.0 M | \$1.7 M | \$0.2 M | \$0.2 M | \$0.9 M | \$3.0 M |
| Female | Ages 50 to 54 | \$0.0 M | \$0.1 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Female | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Female | All Ages | \$1.4 M | \$56.7 M | \$8.4 M | \$5.6 M | \$31.6 M | \$103.8 M |
| Male | Under Age 18 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 18 to 24 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 25 to 29 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 30 to 34 | \$0.1 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 35 to 39 | \$0.1 M | \$0.1 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.4 M |
| Male | Ages 40 to 44 | \$0.0 M | \$0.0 M | \$0.1 M | \$0.1 M | \$0.0 M | \$0.2 M |
| Male | Ages 45 to 49 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.1 M |
| Male | Ages 50 to 54 | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | Ages 55 and Over | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M | \$0.0 M |
| Male | All Ages | \$0.2 M | \$0.1 M | \$0.3 M | \$0.4 M | \$0.1 M | \$1.1 M |
| Subtotal | Subtotal | \$1.6 M | \$56.8 M | \$8.7 M | \$6.0 M | \$31.7 M | \$104.9 M |

Appendix B: ICD-10 Diagnosis Codes and Drug Classes for Identifying Target Patient Populations and Project Costs

STEP 1: IDENTIFY POPULATION WITH EVIDENCE OF INFERTILITY OR FERTILITY PRESERVATION SERVICES

| ICD-10 Diag Codes | Description | Infertility Diagnosis | Fertility Preservation |
|-------------------|--|-----------------------|------------------------|
| N468 | Other male infertility | 1 | 0 |
| N469 | Male infertility, unspecified | 1 | 0 |
| N970 | Female infertility associated with anovulation | 1 | 0 |
| N971 | Female infertility of tubal origin | 1 | 0 |
| N972 | Female infertility of uterine origin | 1 | 0 |
| N978 | Female infertility of other origin | 1 | 0 |
| N979 | Female infertility, unspecified | 1 | 0 |
| N980 | Infection associated with artificial insemination | 1 | 0 |
| N981 | Hyperstimulation of ovaries | 1 | 0 |
| N982 | Comp of attempt introduce of fertilized ovum fol in vitro | 1 | 0 |
| N983 | Comp of attempted introduction of embryo in embryo transfer | 1 | 0 |
| N988 | Other complications associated with artificial fertilization | 1 | 0 |
| N989 | Complication associated with artificial fertilization, unsp | 1 | 0 |
| O0900 | Suprvsn of preg w history of infertility, unsp trimester | 1 | 0 |
| O0901 | Suprvsn of preg w history of infertility, first trimester | 1 | 0 |
| O0902 | Suprvsn of preg w history of infertility, second trimester | 1 | 0 |
| O0903 | Suprvsn of preg w history of infertility, third trimester | 1 | 0 |
| O09811 | Suprvsn of preg rslt from assisted reprodctv tech, first tri | 1 | 0 |
| O09812 | Suprvsn of preg rslt from assist reprodctv tech, second tri | 1 | 0 |
| O09813 | Suprvsn of preg rslt from assisted reprodctv tech, third tri | 1 | 0 |
| O09819 | Suprvsn of preg rslt from assisted reprodctv tech, unsp tri | 1 | 0 |
| Z3141 | Encounter for fertility testing | 1 | 0 |
| Z317 | Enctr for pro 26gmt. and counseling for gestational carrier | 1 | 0 |
| Z3181 | Encounter for male factor infertility in female patient | 1 | 0 |
| Z3183 | Encounter for assisted reprodctv fertility procedure cycle | 1 | 0 |
| Z3184 | Encounter for fertility preservation procedure | 0 | 1 |
| Z3189 | Encounter for other procreative management | 1 | 0 |
| Z52810 | Egg (Oocyte) donor under age 35, anonymous recipient | 1 | 0 |
| Z52811 | Egg (Oocyte) donor under age 35, designated recipient | 1 | 0 |
| Z52812 | Egg (Oocyte) donor age 35 and over, anonymous recipient | 1 | 0 |
| Z52813 | Egg (Oocyte) donor age 35 and over, designated recipient | 1 | 0 |
| Z52819 | Egg (Oocyte) donor, unspecified | 1 | 0 |

STEP 2: CREATE EPISODES OF CARE

| ICD-10 Diag Codes | Description | Fertility Preservation | ART | NART |
|-------------------|---|------------------------|-----|------|
| N980 | Infection associated with artificial insemination | 0 | 0 | 1 |
| N982 | Comp of attempt introduce of fertilized ovum fol in vitro | 0 | 1 | 0 |
| N983 | Comp of attempted introduction of embryo in embryo transfer | 0 | 1 | 0 |
| Z317 | Enctr for pro mgmt and counseling for gestational carrier | 0 | 1 | 0 |
| Z3183 | Encounter for assisted reproductv fertility procedure cycle | 0 | 1 | 0 |
| Z3184 | Encounter for fertility preservation procedure | 1 | 0 | 0 |
| Z52810 | Egg (Oocyte) donor under age 35, anonymous recipient | 0 | 1 | 0 |
| Z52811 | Egg (Oocyte) donor under age 35, designated recipient | 0 | 1 | 0 |
| Z52812 | Egg (Oocyte) donor age 35 and over, anonymous recipient | 0 | 1 | 0 |
| Z52813 | Egg (Oocyte) donor age 35 and over, designated recipient | 0 | 1 | 0 |
| Z52819 | Egg (Oocyte) donor, unspecified | 0 | 1 | 0 |

STEP 3: ASSIGN BENEFIT CATEGORY

Note:

(1) – Claims with infertility testing procedure code must also have infertility diagnosis code from Step 1 if it is a claim outside an episode window.

| ICD-10 Diag Codes | Description | Fertility Preservation | Infertility Testing ⁽¹⁾ |
|-------------------|---|------------------------|------------------------------------|
| Z3141 | Encounter for fertility testing | 0 | 1 |
| Z3162 | Encounter for fertility preservation counseling | 1 | 0 |

Appendix C: ICD-10 Procedure Codes and HCPCS for Identifying Target Patient Populations and Project Costs

STEP 1: IDENTIFY POPULATION WITH EVIDENCE OF INFERTILITY OR FERTILITY PRESERVATION SERVICES

| Codes | Code Type | Description | Infertility Diagnosis | Fertility Preservation |
|-------|-----------|------------------------------|-----------------------|------------------------|
| 58321 | HCPCS | Artificial insemination | 1 | 0 |
| 58322 | HCPCS | Artificial insemination | 1 | 0 |
| 58323 | HCPCS | Sperm washing | 1 | 0 |
| 58970 | HCPCS | Retrieval of oocyte | 1 | 0 |
| 58974 | HCPCS | Transfer of embryo | 1 | 0 |
| 58976 | HCPCS | Transfer of embryo | 1 | 0 |
| 76948 | HCPCS | Echo guide ova aspiration | 1 | 0 |
| 89250 | HCPCS | Cultr oocyte/embryo <4 days | 1 | 0 |
| 89251 | HCPCS | Cultr oocyte/embryo <4 days | 1 | 0 |
| 89253 | HCPCS | Embryo hatching | 1 | 0 |
| 89254 | HCPCS | Oocyte identification | 1 | 0 |
| 89255 | HCPCS | Prepare embryo for transfer | 1 | 0 |
| 89257 | HCPCS | Sperm identification | 1 | 0 |
| 89258 | HCPCS | Cryopreservation embryo(s) | 1 | 0 |
| 89259 | HCPCS | Cryopreservation sperm | 0 | 1 |
| 89260 | HCPCS | Sperm isolation simple | 1 | 0 |
| 89261 | HCPCS | Sperm isolation complex | 1 | 0 |
| 89264 | HCPCS | Identify sperm tissue | 0 | 1 |
| 89268 | HCPCS | Insemination of oocytes | 1 | 0 |
| 89272 | HCPCS | Extended culture of oocytes | 1 | 0 |
| 89280 | HCPCS | Assist oocyte fertilization | 1 | 0 |
| 89281 | HCPCS | Assist oocyte fertilization | 1 | 0 |
| 89290 | HCPCS | Biopsy oocyte polar body | 1 | 0 |
| 89291 | HCPCS | Biopsy oocyte polar body | 1 | 0 |
| 89300 | HCPCS | Semen analysis w/huhner | 1 | 0 |
| 89321 | HCPCS | Semen anal sperm detection | 1 | 0 |
| 89325 | HCPCS | Sperm antibody test | 1 | 0 |
| 89329 | HCPCS | Sperm evaluation test | 1 | 0 |
| 89330 | HCPCS | Evaluation cervical mucus | 1 | 0 |
| 89335 | HCPCS | Cryopreserve testicular tiss | 0 | 1 |
| 89337 | HCPCS | Cryopreservation oocyte(s) | 0 | 1 |
| 89342 | HCPCS | Storage/year embryo(s) | 1 | 0 |
| 89343 | HCPCS | Storage/year sperm/semen | 0 | 1 |
| 89344 | HCPCS | Storage/year reprod tissue | 0 | 1 |
| 89346 | HCPCS | Storage/year oocyte(s) | 0 | 1 |
| 89352 | HCPCS | Thawing cryopresrvd embryo | 1 | 0 |

| Codes | Code Type | Description | Infertility Diagnosis | Fertility Preservation |
|---------|------------|--|-----------------------|------------------------|
| 89353 | HCPCS | Thawing cryopresrvd sperm | 1 | 0 |
| 89354 | HCPCS | Thaw cryoprsrvd reprod tiss | 0 | 1 |
| 89356 | HCPCS | Thawing cryopresrvd oocyte | 0 | 1 |
| 0058T | HCPCS | Cryopreservation ovary tiss | 0 | 1 |
| 0059T | HCPCS | Cryopreservation oocyte | 0 | 1 |
| 0087T | HCPCS | Sperm eval hyaluronan | 1 | 0 |
| 0253U | HCPCS | Rprdtve med rna gen prfl 238 | 1 | 0 |
| 0255U | HCPCS | Andrology infertility assmt | 1 | 0 |
| 0357T | HCPCS | Cryopreservation oocyte(s) | 0 | 1 |
| 0664T | HCPCS | Don hysterectomy open cdvr | 1 | 0 |
| 0665T | HCPCS | Don hysterectomy open liv | 1 | 0 |
| 0666T | HCPCS | Don hysterectomy laps liv | 1 | 0 |
| 0667T | HCPCS | Don hysterectomy rcp uter | 1 | 0 |
| G0027 | HCPCS | Semen analysis | 1 | 0 |
| Q0115 | HCPCS | Post-coital mucous exam | 1 | 0 |
| S3655 | HCPCS | Antisperm antibodies test | 1 | 0 |
| S4011 | HCPCS | IVF package | 1 | 0 |
| S4013 | HCPCS | Compl GIFT case rate | 1 | 0 |
| S4014 | HCPCS | Compl ZIFT case rate | 1 | 0 |
| S4015 | HCPCS | Complete IVF nos case rate | 1 | 0 |
| S4016 | HCPCS | Frozen IVF case rate | 1 | 0 |
| S4017 | HCPCS | IVF canc a stim case rate | 1 | 0 |
| S4018 | HCPCS | F EMB trns canc case rate | 1 | 0 |
| S4020 | HCPCS | IVF canc a aspir case rate | 1 | 0 |
| S4021 | HCPCS | IVF canc p aspir case rate | 1 | 0 |
| S4022 | HCPCS | Asst oocyte fert case rate | 1 | 0 |
| S4023 | HCPCS | Incompl donor egg case rate | 1 | 0 |
| S4025 | HCPCS | Donor serv IVF case rate | 1 | 0 |
| S4026 | HCPCS | Procure donor sperm | 1 | 0 |
| S4027 | HCPCS | Store prev froz embryos | 1 | 0 |
| S4028 | HCPCS | Microsurg epi sperm asp | 1 | 0 |
| S4030 | HCPCS | Sperm procure init visit | 0 | 1 |
| S4031 | HCPCS | Sperm procure subs visit | 0 | 1 |
| S4035 | HCPCS | Stimulated IUI case rate | 1 | 0 |
| S4037 | HCPCS | Cryo embryo transf case rate | 1 | 0 |
| S4040 | HCPCS | Monit store cryo embryo 30 d | 1 | 0 |
| S4042 | HCPCS | Ovulation mgmt per cycle | 1 | 0 |
| 3E0P3Q0 | ICD-10-PCS | Introduce Autol Fertilized Ovum in Fem Reprod, Perc | 1 | 0 |
| 3E0P3Q1 | ICD-10-PCS | Introduce Nonaut Fertilized Ovum in Fem Reprod, Perc | 1 | 0 |
| 3E0P7Q0 | ICD-10-PCS | Introduce Autol Fertilized Ovum in Fem Reprod, Via Opening | 1 | 0 |
| 3E0P7Q1 | ICD-10-PCS | Introduce Nonaut Fertilized Ovum in Fem Reprod, Via Opening | 1 | 0 |

| Codes | Code Type | Description | Infertility Diagnosis | Fertility Preservation |
|---------|------------|------------------------|-----------------------|------------------------|
| 8E0ZXY1 | ICD-10-PCS | In Vitro Fertilization | 1 | 0 |

STEP 2: CREATE EPISODES OF CARE

| Codes | Code Type | Description | Fertility Preservation | ART | NART |
|-------|-----------|------------------------------|------------------------|-----|------|
| 58321 | HCPCS | Artificial insemination | 0 | 0 | 1 |
| 58322 | HCPCS | Artificial insemination | 0 | 0 | 1 |
| 58323 | HCPCS | Sperm washing | 0 | 0 | 1 |
| 58970 | HCPCS | Retrieval of oocyte | 0 | 1 | 0 |
| 58974 | HCPCS | Transfer of embryo | 0 | 1 | 0 |
| 58976 | HCPCS | Transfer of embryo | 0 | 1 | 0 |
| 76948 | HCPCS | Echo guide ova aspiration | 0 | 1 | 0 |
| 89250 | HCPCS | Cultr oocyte/embryo <4 days | 0 | 1 | 0 |
| 89251 | HCPCS | Cultr oocyte/embryo <4 days | 0 | 1 | 0 |
| 89253 | HCPCS | Embryo hatching | 0 | 1 | 0 |
| 89254 | HCPCS | Oocyte identification | 0 | 1 | 0 |
| 89255 | HCPCS | Prepare embryo for transfer | 0 | 1 | 0 |
| 89258 | HCPCS | Cryopreservation embryo(s) | 0 | 1 | 0 |
| 89259 | HCPCS | Cryopreservation sperm | 1 | 0 | 0 |
| 89260 | HCPCS | Sperm isolation simple | 0 | 0 | 1 |
| 89261 | HCPCS | Sperm isolation complex | 0 | 0 | 1 |
| 89268 | HCPCS | Insemination of oocytes | 0 | 1 | 0 |
| 89272 | HCPCS | Extended culture of oocytes | 0 | 1 | 0 |
| 89280 | HCPCS | Assist oocyte fertilization | 0 | 1 | 0 |
| 89281 | HCPCS | Assist oocyte fertilization | 0 | 1 | 0 |
| 89290 | HCPCS | Biopsy oocyte polar body | 0 | 1 | 0 |
| 89291 | HCPCS | Biopsy oocyte polar body | 0 | 1 | 0 |
| 89335 | HCPCS | Cryopreserve testicular tiss | 1 | 0 | 0 |
| 89337 | HCPCS | Cryopreservation oocyte(s) | 1 | 1 | 0 |
| 89352 | HCPCS | Thawing cryopresrvd embryo | 0 | 1 | 0 |
| 89353 | HCPCS | Thawing cryopresrvd sperm | 0 | 0 | 1 |
| 89354 | HCPCS | Thaw cryoprsvrd reprod tiss | 1 | 0 | 0 |
| 89356 | HCPCS | Thawing cryopresrvd oocyte | 1 | 1 | 0 |
| 0058T | HCPCS | Cryopreservation ovary tiss | 1 | 0 | 0 |
| 0059T | HCPCS | Cryopreservation oocyte | 1 | 1 | 0 |
| 0357T | HCPCS | Cryopreservation oocyte(s) | 1 | 1 | 0 |
| S4011 | HCPCS | IVF package | 0 | 1 | 0 |
| S4013 | HCPCS | Compl GIFT case rate | 0 | 1 | 0 |
| S4014 | HCPCS | Compl ZIFT case rate | 0 | 1 | 0 |
| S4015 | HCPCS | Complete IVF nos case rate | 0 | 1 | 0 |
| S4016 | HCPCS | Frozen IVF case rate | 0 | 1 | 0 |
| S4017 | HCPCS | IVF canc a stim case rate | 0 | 0 | 1 |
| S4018 | HCPCS | F EMB trns canc case rate | 0 | 1 | 0 |

| Codes | Code Type | Description | Fertility Preservation | ART | NART |
|---------|------------|--|------------------------|-----|------|
| S4020 | HCPCS | IVF canc a aspir case rate | 0 | 1 | 0 |
| S4021 | HCPCS | IVF canc p aspir case rate | 0 | 1 | 0 |
| S4022 | HCPCS | Asst oocyte fert case rate | 0 | 1 | 0 |
| S4023 | HCPCS | Incompl donor egg case rate | 0 | 1 | 0 |
| S4025 | HCPCS | Donor serv IVF case rate | 0 | 1 | 0 |
| S4026 | HCPCS | Procure donor sperm | 0 | 0 | 1 |
| S4030 | HCPCS | Sperm procure init visit | 1 | 0 | 0 |
| S4031 | HCPCS | Sperm procure subs visit | 1 | 0 | 0 |
| S4035 | HCPCS | Stimulated IUI case rate | 0 | 0 | 1 |
| S4037 | HCPCS | Cryo embryo transf case rate | 0 | 1 | 0 |
| S4042 | HCPCS | Ovulation mgmt per cycle | 0 | 0 | 1 |
| 3E0P3Q0 | ICD-10-PCS | Introduce Autol Fertilized Ovum in Fem Reprod, Perc | 0 | 1 | 0 |
| 3E0P3Q1 | ICD-10-PCS | Introduce Nonaut Fertilized Ovum in Fem Reprod, Perc | 0 | 1 | 0 |
| 3E0P7Q0 | ICD-10-PCS | Introduce Autol Fertilized Ovum in Fem Reprod, Via Opening | 0 | 1 | 0 |
| 3E0P7Q1 | ICD-10-PCS | Introduce Nonaut Fertilized Ovum in Fem Reprod, Via Opening | 0 | 1 | 0 |
| 8E0ZXY1 | ICD-10-PCS | In Vitro Fertilization | 0 | 1 | 0 |

STEP 3: ASSIGN BENEFIT CATEGORY

Note:

(1) – Claims with infertility testing procedure code must also have infertility diagnosis code from Step 1 if it is a claim outside an episode window.

| Codes | Code Type | Description | Fertility Preserv. | ART | NART | Infertility Testing ⁽¹⁾ |
|-------|-----------|-----------------------------|--------------------|-----|------|------------------------------------|
| 10005 | HCPCS | Fna Bx W/Us Gdn 1St Les | 0 | 0 | 0 | 1 |
| 10006 | HCPCS | Fna Bx W/Us Gdn Ea Addl | 0 | 0 | 0 | 1 |
| 10021 | HCPCS | Fna bx w/o img gdn 1st les | 0 | 0 | 0 | 1 |
| 54500 | HCPCS | Biopsy of testis | 0 | 0 | 0 | 1 |
| 54505 | HCPCS | Biopsy of testis | 0 | 0 | 0 | 1 |
| 54800 | HCPCS | Biopsy of epididymis | 0 | 0 | 0 | 1 |
| 55200 | HCPCS | Incision of sperm duct | 0 | 0 | 0 | 1 |
| 55300 | HCPCS | Prepare sperm duct x-ray | 0 | 0 | 0 | 1 |
| 55400 | HCPCS | Repair of sperm duct | 0 | 0 | 0 | 1 |
| 55870 | HCPCS | Electroejaculation | 0 | 0 | 0 | 1 |
| 58100 | HCPCS | Biopsy of uterus lining | 0 | 0 | 0 | 1 |
| 58340 | HCPCS | Catheter for hysteroigraphy | 0 | 0 | 0 | 1 |
| 58345 | HCPCS | Reopen fallopian tube | 0 | 0 | 0 | 1 |
| 58350 | HCPCS | Reopen fallopian tube | 0 | 0 | 0 | 1 |
| 58540 | HCPCS | Revision of uterus | 0 | 0 | 0 | 1 |
| 58555 | HCPCS | Hysteroscopy dx sep proc | 0 | 0 | 0 | 1 |
| 58900 | HCPCS | Biopsy of ovary(s) | 0 | 0 | 0 | 1 |
| 74440 | HCPCS | X-ray male genital tract | 0 | 0 | 0 | 1 |

| Codes | Code Type | Description | Fertility Preserv. | ART | NART | Infertility Testing ⁽¹⁾ |
|-------|-----------|------------------------------|--------------------|-----|------|------------------------------------|
| 74740 | HCPCS | X-ray female genital tract | 0 | 0 | 0 | 1 |
| 74742 | HCPCS | X-ray fallopian tube | 0 | 0 | 0 | 1 |
| 76700 | HCPCS | Us exam abdom complete | 0 | 0 | 0 | 1 |
| 76705 | HCPCS | Echo exam of abdomen | 0 | 0 | 0 | 1 |
| 76830 | HCPCS | Transvaginal us non-ob | 0 | 0 | 0 | 1 |
| 76831 | HCPCS | Echo exam uterus | 0 | 0 | 0 | 1 |
| 76856 | HCPCS | Us exam pelvic complete | 0 | 0 | 0 | 1 |
| 76857 | HCPCS | Us exam pelvic limited | 0 | 0 | 0 | 1 |
| 76870 | HCPCS | Us exam scrotum | 0 | 0 | 0 | 1 |
| 76872 | HCPCS | Us transrectal | 0 | 0 | 0 | 1 |
| 76942 | HCPCS | Echo guide for biopsy | 0 | 0 | 0 | 1 |
| 76998 | HCPCS | Us guide intraop | 0 | 0 | 0 | 1 |
| 80400 | HCPCS | Acth stimulation panel | 0 | 0 | 0 | 1 |
| 80402 | HCPCS | Acth stimulation panel | 0 | 0 | 0 | 1 |
| 80406 | HCPCS | Acth stimulation panel | 0 | 0 | 0 | 1 |
| 80412 | HCPCS | CRH stimulation panel | 0 | 0 | 0 | 1 |
| 80414 | HCPCS | Testosterone response panel | 0 | 0 | 0 | 1 |
| 80415 | HCPCS | Tot Estradiol Response Panel | 0 | 0 | 0 | 1 |
| 80418 | HCPCS | Pituitary evaluation panel | 0 | 0 | 0 | 1 |
| 80426 | HCPCS | Gonadotropin hormone panel | 0 | 0 | 0 | 1 |
| 80428 | HCPCS | Growth hormone panel | 0 | 0 | 0 | 1 |
| 80438 | HCPCS | TRH stimulation panel | 0 | 0 | 0 | 1 |
| 80439 | HCPCS | TRH stimulation panel | 0 | 0 | 0 | 1 |
| 81220 | HCPCS | Cftr gene com variants | 0 | 0 | 0 | 1 |
| 81221 | HCPCS | Cftr gene known fam variants | 0 | 0 | 0 | 1 |
| 81222 | HCPCS | Cftr gene dup/delet variants | 0 | 0 | 0 | 1 |
| 81223 | HCPCS | Cftr gene full sequence | 0 | 0 | 0 | 1 |
| 81224 | HCPCS | Cftr gene intron poly t | 0 | 0 | 0 | 1 |
| 81228 | HCPCS | Cytog alys chrml abnr cgh | 0 | 0 | 0 | 1 |
| 81229 | HCPCS | Cytog alys chrml abnr snpcgh | 0 | 0 | 0 | 1 |
| 81240 | HCPCS | F2 gene | 0 | 0 | 0 | 1 |
| 81241 | HCPCS | F5 gene | 0 | 0 | 0 | 1 |
| 81255 | HCPCS | Hexa gene | 0 | 0 | 0 | 1 |
| 81291 | HCPCS | Mthfr gene | 0 | 0 | 0 | 1 |
| 81370 | HCPCS | Hla i & ii typing lr | 0 | 0 | 0 | 1 |
| 81400 | HCPCS | Mopath procedure level 1 | 0 | 0 | 0 | 1 |
| 81403 | HCPCS | Mopath procedure level 4 | 0 | 0 | 0 | 1 |
| 81406 | HCPCS | Mopath procedure level 7 | 0 | 0 | 0 | 1 |
| 82024 | HCPCS | Assay of acth | 0 | 0 | 0 | 1 |
| 82157 | HCPCS | Assay of androstenedione | 0 | 0 | 0 | 1 |
| 82397 | HCPCS | Chemiluminescent assay | 0 | 0 | 0 | 1 |
| 82626 | HCPCS | Dehydroepiandrosterone | 0 | 0 | 0 | 1 |
| 82670 | HCPCS | Assay Of Total Estradiol | 0 | 0 | 0 | 1 |

| Codes | Code Type | Description | Fertility Preserv. | ART | NART | Infertility Testing ⁽¹⁾ |
|-------|-----------|------------------------------|-----------------------|-----|------|---------------------------------------|
| 82671 | HCPCS | Assay of estrogens | 0 | 0 | 0 | 1 |
| 82672 | HCPCS | Assay of estrogen | 0 | 0 | 0 | 1 |
| 82679 | HCPCS | Assay of estrone | 0 | 0 | 0 | 1 |
| 82757 | HCPCS | Assay of semen fructose | 0 | 0 | 0 | 1 |
| 83001 | HCPCS | Assay of gonadotropin (fsh) | 0 | 0 | 0 | 1 |
| 83002 | HCPCS | Assay of gonadotropin (lh) | 0 | 0 | 0 | 1 |
| 83003 | HCPCS | Assay growth hormone (hgh) | 0 | 0 | 0 | 1 |
| 83498 | HCPCS | Assay of progesterone 17-d | 0 | 0 | 0 | 1 |
| 83499 | HCPCS | Assay of progesterone 20- | 0 | 0 | 0 | 1 |
| 83519 | HCPCS | Ria nonantibody | 0 | 0 | 0 | 1 |
| 83520 | HCPCS | Immunoassay quant nos nonab | 0 | 0 | 0 | 1 |
| 84144 | HCPCS | Assay of progesterone | 0 | 0 | 0 | 1 |
| 84146 | HCPCS | Assay of prolactin | 0 | 0 | 0 | 1 |
| 84233 | HCPCS | Assay of estrogen | 0 | 0 | 0 | 1 |
| 84234 | HCPCS | Assay of progesterone | 0 | 0 | 0 | 1 |
| 84270 | HCPCS | Assay of sex hormone globul | 0 | 0 | 0 | 1 |
| 84402 | HCPCS | Assay of free testosterone | 0 | 0 | 0 | 1 |
| 84403 | HCPCS | Assay of total testosterone | 0 | 0 | 0 | 1 |
| 84443 | HCPCS | Assay thyroid stim hormone | 0 | 0 | 0 | 1 |
| 84702 | HCPCS | Chorionic gonadotropin test | 0 | 0 | 0 | 1 |
| 84703 | HCPCS | Chorionic gonadotropin assay | 0 | 0 | 0 | 1 |
| 84830 | HCPCS | Ovulation tests | 0 | 0 | 0 | 1 |
| 85300 | HCPCS | Antithrombin iii activity | 0 | 0 | 0 | 1 |
| 85301 | HCPCS | Antithrombin iii antigen | 0 | 0 | 0 | 1 |
| 85302 | HCPCS | Clot inhibit prot c antigen | 0 | 0 | 0 | 1 |
| 85303 | HCPCS | Clot inhibit prot c activity | 0 | 0 | 0 | 1 |
| 85305 | HCPCS | Clot inhibit prot s total | 0 | 0 | 0 | 1 |
| 85306 | HCPCS | Clot inhibit prot s free | 0 | 0 | 0 | 1 |
| 86038 | HCPCS | Antinuclear antibodies | 0 | 0 | 0 | 1 |
| 86039 | HCPCS | Antinuclear antibodies (ANA) | 0 | 0 | 0 | 1 |
| 86146 | HCPCS | Beta-2 glycoprotein antibody | 0 | 0 | 0 | 1 |
| 86147 | HCPCS | Cardiolipin antibody ea ig | 0 | 0 | 0 | 1 |
| 86148 | HCPCS | Anti-phospholipid antibody | 0 | 0 | 0 | 1 |
| 86255 | HCPCS | Fluorescent antibody screen | 0 | 0 | 0 | 1 |
| 86256 | HCPCS | Fluorescent antibody titer | 0 | 0 | 0 | 1 |
| 86277 | HCPCS | Growth hormone antibody | 0 | 0 | 0 | 1 |
| 86357 | HCPCS | Nk cells total count | 0 | 0 | 0 | 1 |
| 88182 | HCPCS | Cell marker study | 0 | 0 | 0 | 1 |
| 88184 | HCPCS | Flowcytometry/ tc 1 marker | 0 | 0 | 0 | 1 |
| 88185 | HCPCS | Flowcytometry/tc add-on | 0 | 0 | 0 | 1 |
| 88187 | HCPCS | Flowcytometry/read 2-8 | 0 | 0 | 0 | 1 |
| 88188 | HCPCS | Flowcytometry/read 9-15 | 0 | 0 | 0 | 1 |
| 88189 | HCPCS | Flowcytometry/read 16 & > | 0 | 0 | 0 | 1 |

| Codes | Code Type | Description | Fertility Preserv. | ART | NART | Infertility Testing ⁽¹⁾ |
|-------|-----------|------------------------------|--------------------|-----|------|------------------------------------|
| 88245 | HCPCS | Chromosome analysis 20-25 | 0 | 0 | 0 | 1 |
| 88248 | HCPCS | Chromosome analysis 50-100 | 0 | 0 | 0 | 1 |
| 88249 | HCPCS | Chromosome analysis 100 | 0 | 0 | 0 | 1 |
| 88261 | HCPCS | Chromosome analysis 5 | 0 | 0 | 0 | 1 |
| 88262 | HCPCS | Chromosome analysis 15-20 | 0 | 0 | 0 | 1 |
| 88263 | HCPCS | Chromosome analysis 45 | 0 | 0 | 0 | 1 |
| 88264 | HCPCS | Chromosome analysis 20-25 | 0 | 0 | 0 | 1 |
| 88271 | HCPCS | Cytogenetics dna probe | 0 | 0 | 0 | 1 |
| 88272 | HCPCS | Cytogenetics 3-5 | 0 | 0 | 0 | 1 |
| 88273 | HCPCS | Cytogenetics 10-30 | 0 | 0 | 0 | 1 |
| 88274 | HCPCS | Cytogenetics 25-99 | 0 | 0 | 0 | 1 |
| 88275 | HCPCS | Cytogenetics 100-300 | 0 | 0 | 0 | 1 |
| 88280 | HCPCS | Chromosome karyotype study | 0 | 0 | 0 | 1 |
| 88283 | HCPCS | Chromosome banding study | 0 | 0 | 0 | 1 |
| 88285 | HCPCS | Chromosome count additional | 0 | 0 | 0 | 1 |
| 88289 | HCPCS | Chromosome study additional | 0 | 0 | 0 | 1 |
| 88291 | HCPCS | Cyto/molecular report | 0 | 0 | 0 | 1 |
| 89257 | HCPCS | Sperm identification | 0 | 0 | 0 | 1 |
| 89264 | HCPCS | Identify sperm tissue | 1 | 0 | 0 | 0 |
| 89300 | HCPCS | Semen analysis w/huhner | 0 | 0 | 0 | 1 |
| 89310 | HCPCS | Semen analysis w/count | 0 | 0 | 0 | 1 |
| 89320 | HCPCS | Semen anal vol/count/mot | 0 | 0 | 0 | 1 |
| 89321 | HCPCS | Semen anal sperm detection | 0 | 0 | 0 | 1 |
| 89322 | HCPCS | Semen anal strict criteria | 0 | 0 | 0 | 1 |
| 89325 | HCPCS | Sperm antibody test | 0 | 0 | 0 | 1 |
| 89329 | HCPCS | Sperm evaluation test | 0 | 0 | 0 | 1 |
| 89330 | HCPCS | Evaluation cervical mucus | 0 | 0 | 0 | 1 |
| 89331 | HCPCS | Retrograde ejaculation anal | 0 | 0 | 0 | 1 |
| 89342 | HCPCS | Storage/year embryo(s) | 0 | 1 | 0 | 0 |
| 89343 | HCPCS | Storage/year sperm/semen | 1 | 0 | 0 | 0 |
| 89344 | HCPCS | Storage/year reprod tissue | 1 | 0 | 0 | 0 |
| 89346 | HCPCS | Storage/year oocyte(s) | 1 | 0 | 0 | 0 |
| 89398 | HCPCS | Unlisted reprod med lab proc | 0 | 0 | 0 | 1 |
| 93975 | HCPCS | Vascular study | 0 | 0 | 0 | 1 |
| 93976 | HCPCS | Vascular study | 0 | 0 | 0 | 1 |
| 96040 | HCPCS | Genetic counseling 30 min | 0 | 0 | 0 | 1 |
| 0087T | HCPCS | Sperm eval hyaluronan | 0 | 0 | 0 | 1 |
| 0167U | HCPCS | Chornc gonadotropin hcg ia | 0 | 0 | 0 | 1 |
| 0253U | HCPCS | Rprdtve med rna gen prfl 238 | 0 | 0 | 0 | 1 |
| 0255U | HCPCS | Andrology infertility assmt | 0 | 0 | 0 | 1 |
| 0568T | HCPCS | Intro mix saline&air f/ssg | 0 | 0 | 0 | 1 |
| G0027 | HCPCS | Semen analysis | 0 | 0 | 0 | 1 |
| Q0115 | HCPCS | Post-coital mucous exam | 0 | 0 | 0 | 1 |

| Codes | Code Type | Description | Fertility Preserv. | ART | NART | Infertility Testing ⁽¹⁾ |
|--------------|------------------|------------------------------|-------------------------------|------------|-------------|---|
| S0265 | HCPCS | Genetic counsel 15 mins | 0 | 0 | 0 | 1 |
| S3655 | HCPCS | Antisperm antibodies test | 0 | 0 | 0 | 1 |
| S4027 | HCPCS | Store prev froz embryos | 0 | 1 | 0 | 0 |
| S4028 | HCPCS | Microsurg epi sperm asp | 0 | 0 | 1 | 0 |
| S4030 | HCPCS | Sperm procure init visit | 0 | 0 | 1 | 0 |
| S4031 | HCPCS | Sperm procure subs visit | 0 | 0 | 1 | 0 |
| S4040 | HCPCS | Monit store cryo embryo 30 d | 0 | 1 | 0 | 0 |

Appendix D: Fertility Medications

Note:

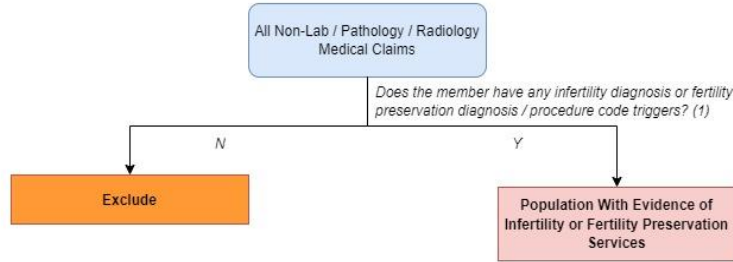
(1) – Non-fertility-specific medications are only included if it is a claim within an episode window. Otherwise, the list of included medications should be limited to fertility-specific medications only.

| Drug Class | Drug Name | Fertility Specific ⁽¹⁾ |
|--|--|-----------------------------------|
| Androgens | ANDRODERM | 0 |
| Androgens | ANDROGEL 100 | 0 |
| Androgens | ANDROGEL 162 | 0 |
| Androgens | ANDROGEL PUMP 100 | 0 |
| Androgens | ANDROGEL PUMP 162 | 0 |
| Androgens | FORTESTA | 0 |
| Androgens | TESTIM | 0 |
| Androgens | TESTOSTERONE (ANDROGEL 100) | 0 |
| Androgens | TESTOSTERONE (AXIRON) | 0 |
| Androgens | TESTOSTERONE (FORTESTA) | 0 |
| Androgens | TESTOSTERONE (TESTIM) | 0 |
| Androgens | TESTOSTERONE 162 | 0 |
| Androgens | VOGELXO | 0 |
| Androgens | VOGELXO PUMP | 0 |
| Antineoplastic Hormonal Agents - Female | ANASTROZOLE | 0 |
| Antineoplastic Hormonal Agents - Female | FEMARA | 0 |
| Antineoplastic Hormonal Agents - Female | LETROZOLE | 0 |
| Antineoplastic Hormonal Agents - Non-Gender Specific | HYDROXYPROGESTERONE CAPROATE | 0 |
| Antiparkinson Agents | BROMOCRIPTINE MESYLATE | 0 |
| Biguanides | GLUCOPHAGE | 0 |
| Biguanides | GLUCOPHAGE XR | 0 |
| Biguanides | METFORMIN HCL | 0 |
| Biguanides | METFORMIN HCL (RIOMET) | 0 |
| Biguanides | METFORMIN HCL ER | 0 |
| Biguanides | METFORMIN HCL ER (GLUMETZA) | 0 |
| Biguanides | METFORMIN HYDROCHLORIDE | 0 |
| Biguanides | METFORMIN HYDROCHLORIDE ER | 0 |
| Bulk Chemicals - Compounds | NORETHINDRONE | 0 |
| Diagnostic Drugs | FACTREL | 0 |
| Estrogen Combinations | ESTRADIOL/NORETHINDRONE ACETATE | 0 |
| Estrogen Combinations | NORETHINDRONE ACETATE/ETHINYL ESTRADIOL | 0 |
| Estrogens | ESTRACE | 0 |
| Fertility Regulators | BRAVELLE | 1 |
| Fertility Regulators | CHORIONIC GONADOTROPIN | 0 |
| Fertility Regulators | CHORIONIC GONADOTROPIN W/DILUENT | 0 |
| Fertility Regulators | CLOMID | 1 |
| Fertility Regulators | CLOMIPHENE CITRATE | 1 |
| Fertility Regulators | FOLLISTIM AQ | 1 |

| Drug Class | Drug Name | Fertility Specific ⁽¹⁾ |
|---|---------------------------------------|--|
| Fertility Regulators | GONAL-F | 1 |
| Fertility Regulators | GONAL-F RFF | 1 |
| Fertility Regulators | GONAL-F RFF PEN | 1 |
| Fertility Regulators | GONAL-F RFF REDIJECT | 1 |
| Fertility Regulators | HCG | 0 |
| Fertility Regulators | LUVERIS | 1 |
| Fertility Regulators | MENOPUR | 1 |
| Fertility Regulators | NOVAREL | 0 |
| Fertility Regulators | OVIDREL | 1 |
| Fertility Regulators | PREGNYL W/DILUENT BENZYL ALCOHOL/NACL | 0 |
| Fertility Regulators | REPRONEX | 1 |
| Fertility Regulators | SEROPHENE | 1 |
| Glucocorticosteroids | DEXAMETHASONE | 0 |
| GnRH/LHRH Antagonists | CETROTIDE | 1 |
| GnRH/LHRH Antagonists | GANIRELIX ACETATE | 1 |
| Growth Hormones | OMNITROPE | 0 |
| LHRH/GnRH Agonist Analog Pituitary Suppressants | SYNAREL | 0 |
| Progestin Contraceptives - Oral | NORETHINDRONE | 0 |
| Progestins | MEDROXYPROGESTERONE ACETATE | 0 |
| Progestins | NORETHINDRONE ACETATE | 0 |
| Progestins | PROGESTERONE | 0 |
| Progestins | PROGESTERONE MICRONIZED | 0 |
| Progestins | PROGESTERONE MICRONIZED (SOY) | 0 |
| Progestins | PROGESTERONE MICRONIZED (YAM) | 0 |
| Progestins | PROMETRIUM | 0 |
| Progestins | PROVERA | 0 |
| Prolactin Inhibitors | CABERGOLINE | 0 |
| Prolactin Inhibitors | DOSTINEX | 0 |

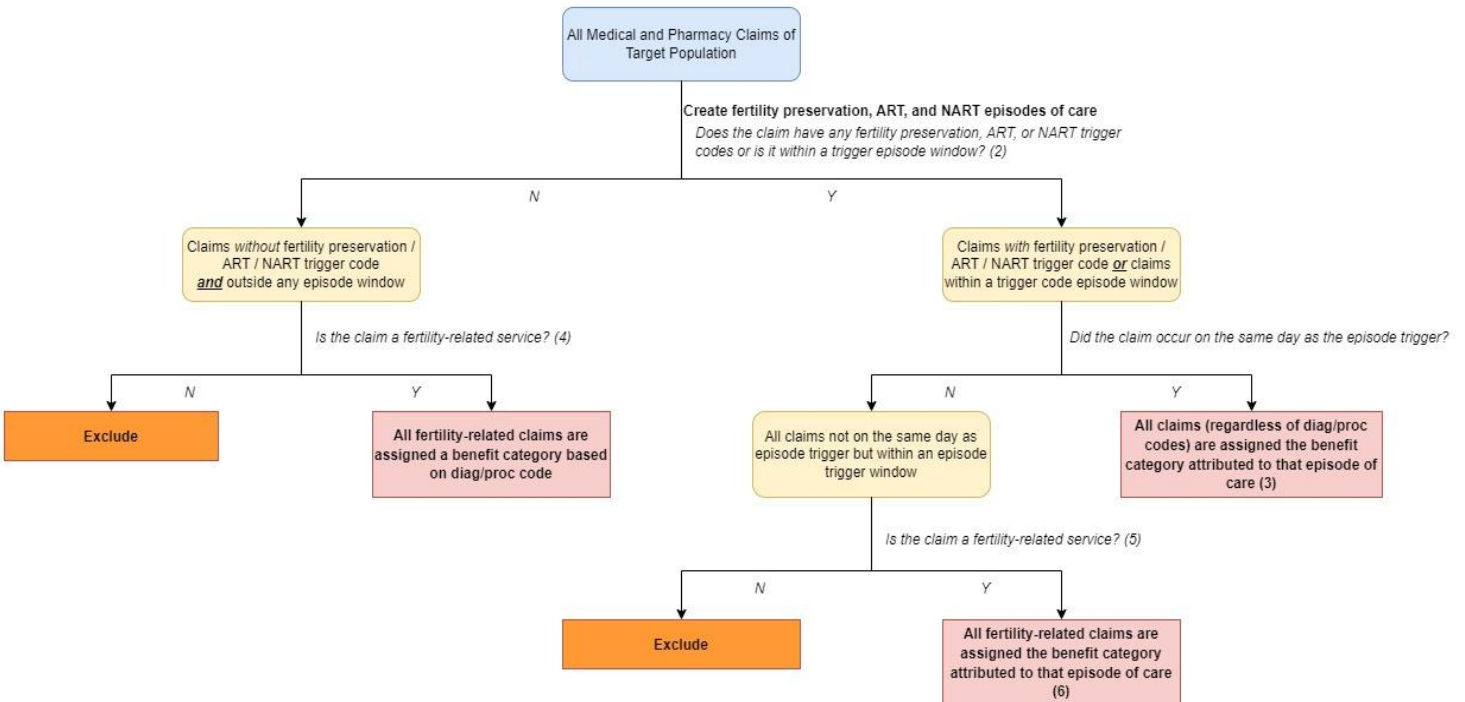
Appendix E: Flowchart of Methodology

Step 1: Identify Population With Evidence of Infertility or Fertility Preservation Services



(1) At least two infertility diagnoses on separate service dates are required to be included in the target population. Otherwise, only one infertility diagnosis procedure code / fertility preservation diagnosis code / fertility preservation procedure code is required to be included in the target population. Please refer to Appendix B and C for the full list of codes used.

Step 2: Create Episodes of Care and Assign Benefit Category



(2) A "trigger" episode is identified by a trigger non-lab/pathology, non-radiology diagnosis code or a trigger procedure code. Each episode window extends 30 days prior to 30 days following the date of the trigger code. If episodes of the same type overlap, the episode window is extended such that it is 30 days prior to the first episode type trigger and 30 days following the last episode type trigger. This overlap rule means some episode windows will extend longer than 60 days. Please refer to Appendix B and C for the full list of trigger codes used.

(3) If episodes of different types overlap, the whole overlapping extended window is assigned to a benefit category according to the following hierarchy:

- Fertility preservation
- ART
- NART

(4) Fertility-related services are services related to fertility preservation, ART / NART services that may occur outside an episode window, fertility diagnostic testing, and fertility medication specific to infertility treatment. Fertility diagnostic testing is only included if it has an infertility diagnosis code. Please refer to Appendix B, C, and D for the full list of codes used.

(5) Fertility-related services are services related to fertility diagnostic testing, ART / NART services, fertility preservation, and fertility medication. Note that all fertility medication is included, even if they have other uses. Given these medications are observed within an episode window, it is assumed that non-fertility-specific medication is used to support ART, NART, and fertility preservation episodes. Please see Appendix B, C, and D for full list of codes used. For claims within an episode window, there are two main differences:

- infertility diagnosis codes are not required for infertility testing codes
- all fertility medication is included, even if they have other non-fertility-specific uses

(6) Fertility medications are assigned to the Fertility Medication benefit category and not the benefit category attributed to the episode of care.

Appendix F: RESOLVE Benefit Category Descriptions



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August 2nd, 2022

Subject: Actuarial analysis of mandated insurance coverage of fertility treatment

Dear Ms. Beyer and Ms. Fliss,

On behalf of the Washington State Building Families Coalition and RESOLVE: The National Infertility Association, I am writing to thank you for your ongoing work to facilitate an actuarial study of the utilization rates and costs associated with enacting mandated insurance coverage of the diagnosis and treatment of infertility. As the national association advocating for people struggling to build their families, RESOLVE has worked in many states to reduce the financial burden of accessing infertility treatment by requiring insurance coverage. We are appreciative that Washington State has committed to study the costs and benefits associated with instituting mandated coverage.

As a result of our participation over the years in numerous actuarial studies across different states, we have found some specific data points to be helpful for policy makers as well as identified some common pitfalls. Data has shown utilization is dependent, not only on cost, but also on demographic variables. Therefore, we respectfully recommend when analyzing historical data from other states, emphasis be given to states with demographics comparable to Washington, and utilization be examined pre and post mandate.

As Milliman proceeds with the analysis on cost and potential utilization rates attributed to the individual, small group, and large group plans, in addition to the PEBB, SEBB, and Medicaid plans, we respectfully suggest the utilization rates and costs associated with the following services be individually identified:

1. Infertility diagnostics accepted as standard of care.
2. Non-Assisted Reproductive Technology treatments (*e.g.*, ovulation induction and/or intrauterine insemination).
3. Assisted Reproductive Technologies (ART) (*e.g.*, in vitro fertilization, considering separately the cost of IVF retrieval cycles with or without fresh embryo transfer, versus frozen embryo transfers, which have significantly differential costs. Please note adjunct ART treatments such as intracytoplasmic sperm injection are not universally applied in clinical practice to all cycles. Preimplantation screening testing for embryo aneuploidy (PGT-A) as well as preimplantation genetic testing for genetic carrier (PGT-M or PGT-SR) should also be considered.
4. Use of donor gametes (donor sperm, donor oocytes and/or donor embryos).
5. Medical costs associated with gestational surrogacy.
6. Fertility preservation for patients at risk for medically induced (iatrogenic) infertility including oocyte, embryo, sperm and ovarian tissue cryopreservation.

It is our experience that having these individual utilization rates and their associated costs enable legislators to craft better policy and make better informed decisions about scope of coverage. In addition to itemizing the costs and utilization rates of the above services, it is also important to consider data from other states that show insurance coverage results in lower rates of multiple births and higher level of maternal and infant health. These positive outcomes result in lower health care costs across all sectors.

Thank you again for working on this important analysis. RESOLVE and health professional organizations such as the American Society for Reproductive Medicine have significant data from multiple states and a network of patients and content experts who are available to provide information that may be helpful. We would be open to having a meeting with the Office of Insurance Commissioner and Health Care Authority to share our experiences, perspectives, and resources. Please do not hesitate to reach out to us if we can be of any assistance.

Sincerely,

A handwritten signature in cursive script that reads "Betsy R Campbell". The signature is written in black ink and is positioned to the left of the typed name.

Betsy Campbell
Chief Engagement Officer
RESOLVE: The National Infertility Association