

	Commercial Insurance		
State	Covered	Not Covered	Source/Statute
Massachusetts	Medically necessary expenses of diagnosis and treatment of infertility to persons residing within the commonwealth	Coverage contingent upon individual meeting the definition of infertility: "infertility" shall mean the condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35	Ch. 175 Sec. 47H
New Hampshire	Diagnosis of the cause of infertility; medically necessary fertility treatment (including evaluations, laboratory assessments, medications, and treatments associated with the procurement of donor eggs, sperm, and embryos); fertility preservation when a person is expected to undergo surgery, radiation, chemotherapy, or other medical treatment that is recognized by medical professionals to cause a risk of impairment of fertility.	An experimental infertility procedure; non-medical costs related to third party reproduction; reversal of voluntary sterilization; medical costs relating to the preparation for reception or introduction of embryos, oocytes, or donor sperm into a surrogate or gestational carrier	Section 417-G:2 and Section 417-G:3
Vermont			Proposed S.63

<p>Maine</p>	<p>Fertility diagnostic care; fertility treatment if the enrollee is a fertility patient; and for fertility preservation services, which shall include evaluations, lab assessments, medications, and procedures intended to achieve pregnancy, including but not limited to cryopreservation of gametes, embryos and reproductive material and the procurement of donor gametes</p>	<p>Experimental fertility procedures; any nonmedical costs related to donor gametes, donor embryos or surrogacy; must meet definition of infertility</p>	<p>L.D. 1539</p>
<p>Rhode Island</p>	<p>Medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years and for standard fertility-preservation services when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person. Iatrogenic infertility = an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes</p>	<p>A health insurance contract may limit coverage to a lifetime cap of one hundred thousand dollars (\$100,000); treatment for members who do not meet the definition of infertility; experimental infertility procedures; costs of surrogacy; costs for maternity care if the surrogate is not a member; long-term (more than 90 days) sperm or embryo cryopreservation; costs associated w/ donor recruitment and compensation; infertility as a result of voluntary sterilization; donor sperm and associated lab services; procurement of frozen donor oocytes; donor recruitment/compensation and medications</p>	<p>Sec. 27-18-30</p>

Connecticut

Medically necessary expenses of the diagnosis and treatment of infertility, including ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer

Policies may limit coverage as follows: Limit such coverage to an individual until the date of such individual's fortieth birthday; Limit such coverage for ovulation induction to a lifetime maximum benefit of four cycles; Limit such coverage for intrauterine insemination to a lifetime maximum benefit of three cycles; Limit lifetime benefits to a maximum of two cycles, with not more than two embryo implantations per cycle, for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer or low tubal ovum transfer, provided each such fertilization or transfer shall be credited toward such maximum as one cycle; Limit coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer to those individuals who have been unable to conceive or produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatment or procedures covered under such policy; Limit coverage to individuals who have maintained

[Sec. 38a-536](#)

<p>New York</p>	<p>Large Group: treatment may be limited to medical necessity; coverage for three cycles of IVF used in the treatment of infertility; oocyte and/or embryo storage in connection with an intended in-vitro fertilization procedure if medically necessary until the three required IVF cycles are provided; Individual, small group and large group: coverage for standard fertility preservation services for individuals when a medical treatment will directly or indirectly result in “iatrogenic infertility,” which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes</p>	<p>Coverage shall not be required to include the diagnosis and treatment of infertility in connection with: (I) in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; (II) the reversal of elective sterilizations; (III) sex change procedures; (IV) cloning; or (V) medical or surgical services or procedures that are deemed to be experimental</p>	<p>Insurance Law 3221(k)(6)(c)</p>
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[New York IVF Law Overview](#)