PRIVATE PLAN LEADERSHIP

Fertility and Family-Building Coverage Report Card 2026

Prepared by

Mapol Inc.

In collaboration with

Selectpath Benefits & Financial Inc.

With funding from

EMD Serono

October 2026

Key Findings — 2026 Fertility Coverage Gaps

1.25

Canadian fertility rate

Lowest level ever recorded (Statistics Canada, 2024)

1 in 6

Canadian adults experience infertility

World Health Organization lifetime-prevalence estimate, 2023

+21%

Growth in fertility drug claims, 2021–2025

Reported across Manulife's group benefits data

0 of 17

Insurers earning Grade A in this Report Card

94% of insurers rank Grade C or below

~$20K

Average cost of a single IVF cycle in Canada

Most patients require multiple cycles to achieve a live birth

97%

US employers offering fertility benefits report no significant plan-cost increase

Mercer Survey on Fertility Benefits, 2021 (commissioned by RESOLVE: The National Infertility Association, n=459 employers)

<2%

Estimated lives with modern fertility and family-building benefits coverage

Of the 27 million Canadians with supplementary health insurance

55% → 49%

Employees saying fertility is 'very well' supported

Year-over-year drop reported by Maven Clinic's 2026 State of Women's and Family Health Benefits

The Canadian private benefits industry has not kept pace with the changing realities of fertility care. While infertility now affects one in six adults, treatment costs continue to rise, and provinces are expanding public funding, fertility and family-building benefits remain optional in the standard plan design of most Canadian insurers. Employers must actively request fertility coverage rather than receive it by default, leaving millions of plan members without meaningful access to benefits that address an increasingly common healthcare need. This Report Card measures how Canada's leading insurers compare against a modern standard for fertility and family-building coverage and identifies where product design must evolve.

The findings confirm that insurer product design has not kept pace with the changing realities of fertility care. Only one insurer achieved a Grade B ranking, while the remaining 16 insurers (94%) ranked Grade C or D. Eight insurers (47%) earned Grade C, where fertility drugs are a Standard Inclusion but coverage limits remain materially below the cost of treatment. Another eight insurers (47%) received Grade D, where fertility drugs and procedures remain optional for most of their business, requiring plan sponsors to actively request coverage or offering it only to certain groups based on plan design or employer size. No surveyed insurer achieved Grade A, the benchmark for comprehensive family-building coverage, which requires a combined lifetime benefit of at least $50,000 per family that can be used across fertility medications, fertility procedures and preservation, and donor, surrogacy, or adoption expenses according to the member's family-building pathway. The findings point to a clear opportunity for insurer product modernization. Fertility and family-building benefits should become a standard inclusion in group benefits plans, allowing employers to opt out where appropriate rather than requiring them to opt in.

FOREWORD

It's time to support Canadians who experience fertility challenges when building their families

Canadians are starting families later, having fewer babies, and bearing far higher personal costs to do so than a generation ago. The country's total fertility rate fell to 1.25 births per woman in 2024, the lowest level ever recorded in Canada and well below the replacement rate of 2.1.[1,2] The average age of mothers at childbirth has reached a record 31.8 years, up from 26.7 in 1976.[1] Approximately one in six adults worldwide (around 17.5% of the adult population) are affected by infertility in their lifetime.[3]

Against this backdrop, the average cost of a single round of in-vitro fertilization (IVF) in Canada is approximately $15,000 to $20,000 per cycle, with most patients requiring multiple rounds to achieve a live birth.[2,4] Manulife Canada reports that claims for fertility medications have risen 21% over the past five years, with utilization climbing 13.5% among women aged 25 to 34 and 24% among women aged 35 to 44.[5] Yet despite this clearly rising demand, 44% of employers with Manulife Group Benefits plans do not cover fertility medication, and fewer than 1% cover fertility clinic treatments.[2] These utilization figures reflect only plan members who already have access to fertility coverage. They do not capture the many Canadians who receive no employer coverage and therefore pay for fertility care entirely out of pocket or forego treatment altogether. The underlying need is broader than the claims data alone reveals.

> *"Every week, we hear from people who are delaying treatment, taking on debt or giving up on building a family because of cost. Their benefits rarely bridge the gap. Standard Inclusion would mean support is there when they need it, not something they have to fight for."*
>
> **Carolynn Dubé — Executive Director, Fertility Matters Canada**

Public policy has begun to respond to Canada's changing demographic and fertility landscape. Recently, Ontario announced a $250 million expansion of the Ontario Fertility Program ($50M in 2025/26, $100M in 2026/27, $100M in 2027/28), tripling the number of families able to access a publicly funded IVF cycle and adding the Ontario Fertility Treatment Tax Credit effective for eligible fertility expenses incurred on or after January 1, 2025.[6] British Columbia launched its first-ever publicly funded IVF program on July 2, 2025, offering eligible B.C. residents one-time funding of up to $19,000 toward a single standard IVF treatment cycle. The amount of funding is income-tested, with the maximum available to lower-income households and reduced amounts available at higher household income levels.[7] Newfoundland and Labrador raised the maximum under its Fertility Subsidy Program to $29,000 in August 2026, up from $20,000, supported by $1.8 million in Budget 2026.[8] Saskatchewan introduced a 50% refundable Fertility Treatment Tax Credit in its March 2025 budget, retroactive to January 1, 2025. The credit provides up to $10,000 per eligible claimant on one lifetime claim of up to $20,000 in eligible fertility treatment expenses incurred in Saskatchewan.[9] New Brunswick replaced its former $5,000 fertility grant with the Fertility Treatment Reimbursement Program, which, effective April 1, 2025, reimburses 100% of eligible costs for one IVF cycle up to $20,000 per household or one course of intrauterine insemination (IUI) up to $10,000 per household. [10,11] Prince Edward Island's Budget 2026 allocated an additional $705,000 to enhance fertility supports[12]; in August 2026, the province expanded its program to reimburse up to $20,000 per household over a lifetime, with no income threshold.[13] Alberta has no broad-based publicly funded fertility program or fertility tax credit. However, in April 2026, the province announced a targeted $2.25 million oncofertility program, to be delivered through Cancer Care Alberta in partnership with Fertility Alberta. The program is expected to support 250 to 400 cancer patients annually by funding fertility preservation and related fertility care including urgent fertility consultations and, where appropriate, IVF treatment with full implementation planned for 2026/2027.[14,15,16]

Currently, Ontario, Québec, and British Columbia fund one IVF cycle directly, with the province paying for the funded services, subject to provincial eligibility criteria (and, in British Columbia, an income-based funding amount). In contrast, Newfoundland and Labrador, Prince Edward Island, and New Brunswick reimburse eligible costs after treatment, while Manitoba, Saskatchewan, Nova Scotia, and Yukon offer refundable tax credits. Under both of these models, patients pay treatment costs first and recover part or all of them afterwards, through a reimbursement claim or a tax credit. Public funding generally supports the equivalent of one IVF cycle and often excludes or limits coverage for treatment-related costs such as fertility medications, additional IVF cycles, fertility preservation, donor gametes, gestational surrogacy, travel, and other associated expenses. Employer-sponsored benefits plans are well positioned to fill these gaps, covering additional cycles, fertility medications, donor and surrogacy expenses, and adoption, so plan members are not left to absorb the difference between what the public system funds and what building a family actually costs. Single plan members, 2SLGBTQ+ families, and lower-income plan members already face disproportionate out-of-pocket exposure; without employer coverage they absorb much of the cost of fertility care themselves.

When insurers make fertility and family-building benefits a Standard Inclusion, they do more than reimburse care. They recognize fertility as a legitimate healthcare need and modernize plan design to reflect today's demographic and healthcare realities. By moving from an opt-in to a standard inclusion model, they remove unnecessary barriers that require employers to proactively request coverage and reduce the burden on plan members who too often must advocate for benefits when they need them most.

> *"The Canadian benefits system currently funds avoiding pregnancy as a standard but treats building a family as optional."*
>
> **Gordon R. Hart — CEO & Chairman, Selectpath Benefits & Financial Inc.**

This Report Card is built around three measures of success that together define what 'comprehensive' fertility and family-building coverage means in Canada. This inaugural 2026 edition measures the first of these: Coverage Breadth (whether the three family-building categories are Standard Inclusions and at what dollar level). The two further measures: an Inclusivity Index assessing whether eligibility is explicit and non-discriminatory across single, 2SLGBTQ+, and other plan members, and an Affordability Index measuring what members still pay out of pocket under each insurer's plan design are foundational goals of this Report Card and will be progressively built into subsequent editions. Equity-of-access and affordability are not optional secondary considerations; they are core to the modernization of private benefits plans the Report Card calls for.

> *"Aligning fertility benefit policies with the cost realities of building a family helps reduce financial burden, advances equity for single and 2SLGBTQ+ plan members, and signals that family wellbeing and overall health belong at the centre of modern private benefits design."*
>
> **Johnny Ma — President, Mapol Inc.**

FUNDING DISCLOSURE

This report has been produced by Mapol Inc. in association with Selectpath Benefits & Financial Inc.

Financial support for the inaugural edition of this Report Card was provided by EMD Serono Canada. The report was developed independently, and EMD Serono had no influence over its methodology, findings, content, conclusions, or editorial direction.

WHY THIS REPORT CARD IS NEEDED

The demand is real. The financial challenges can be overcome.

Fertility care and family-building services are one of the few areas of healthcare in Canada where direct out-of-pocket cost is the dominant barrier to access. Fertility clinics regularly maintain waitlists, and provincial fertility programs are over-capacity and underfunded. The question is no longer whether demand exists; it is whether private plans will help support their plan members in their time of financial need.

For the first time, a survey was conducted to examine how Canada's major group benefits insurers approach fertility and family-building coverage in their standard plan design offered to a new plan sponsor with no legacy plan considerations. The survey was structured around the following coverage breadth framework, developed in consultation with experienced benefits advisors. The three levels of comprehensive coverage below recognize that plan members may need any combination of benefits depending on their family-building circumstances:

- Level 1 — Fertility medications (i.e., IVF-related drugs)
- Level 2 — Fertility medications + fertility procedures (i.e., IVF, intrauterine insemination (IUI), fertility preservation such as egg/sperm freezing)
- Level 3 — Fertility medications + fertility procedures + donor/surrogacy related expenses, and adoption support

By measuring whether each coverage level is standardly included in the private group benefits plan, this Report Card surfaces where the benefits industry reflects today's demographic, clinical, and financial realities, where coverage remains optional, and where plan members are most likely to face financial barriers when fertility and family-building challenges arise.

Why was fertility drug coverage an "opt-in" category in the first place?

The fertility drug opt-in approach did not appear by accident. It is a legacy of an earlier era of private drug plan management. Canadian benefits providers historically classified fertility-related medications, alongside weight management and adult vaccines, as "lifestyle" or "optional" drug categories. The classification was a financial-risk control: claims in these categories were historically considered discretionary and putting them in an opt-in bucket limited insurers' financial exposure when standard plan products were priced. That classification has not aged well. The underlying claims profiles have changed, the demographic and equity context has changed, and the actuarial evidence no longer supports the original risk-control rationale.

The decision to leave fertility and family-building benefits coverage as opt-in deserves scrutiny. The most common rationale cited inside the industry is cost, but the available evidence does not support a cost-risk framing. A 2021 Mercer Survey on Fertility Benefits (commissioned by RESOLVE: The National Infertility Association) found that 97% of US employers offering fertility coverage reported no significant increase in medical plan costs.[17] In April 2021, Beneplan, a Canadian health-benefits co-operative, added Fertility Drug Coverage of $2,500 per lifetime per employee to its minimum health standard, making it a default inclusion across member plans. After more than a year of experience, Beneplan reported that fertility drug claims represented 0.19% of total health and dental premiums in 2021, and that offering the benefit did not materially impact employer premiums.[18] If the actuarial impact of fertility coverage at meaningful limits is this modest, the question becomes why fertility and family-building benefits remain treated as optional at all. Insurance is intended to cover expenses where public funding has gaps, and on fertility, the public funding gap is large, documented, and growing.

There is also an important question of equity the industry has not yet fully addressed. Employers routinely invest in supporting employees throughout pregnancy, parental leave, and early family life through workplace benefits that complement public programs. In many cases, employees continue to receive workplace benefits while on leave, reflecting an organizational commitment to supporting families throughout this stage of life. Yet employees facing infertility are often expected to navigate one of the most significant financial barriers to building a family with little or no comparable support. If employers recognize and support employees once they become parents, there is a compelling case that they should also support employees on the journey to becoming parents.

This Report Card therefore calls for uniform leadership at the insurer product-development level. Plan sponsors should retain the ability to opt-out of fertility and family-building coverage if they wish, as is the case for every other benefit. They should not have to opt-in because when this is the default, unfortunately, many plans do not make this selection and plan members are inadvertently impacted. Meaningful fertility and family-building benefits coverage should be the default in the insurer's standard plan, and the choice to remove or modify it should sit (as it always has) with the plan sponsor. The stakeholder summaries later in this Report Card describe what each major insurer has already built, and, read against the Report Card grades in this document, how far each one still has to go to make fertility, and family-building benefits a standard inclusion rather than an opt-in benefit.

REPORT CARD METHODOLOGY

How insurers were assessed in this Report Card

Mapol designed this Report Card to evaluate insurer policies on fertility and family-building benefits coverage within the insurer's Standard Plan. The Standard Plan represents the baseline coverage that an insurer would typically offer to a new plan sponsor with no legacy plan design or prior claims experience.

Between February and June 2026, Canadian group benefits insurers were contacted to gather information about their current policy positions on fertility and family-building benefits coverage. The survey was structured around five questions:

Q1 — In your Standard Plan, are fertility medications automatically included, and what are the plan limits (if any)?

Q2 — Does the Standard Plan offer coverage for fertility procedures such as IVF clinic treatments or fertility preservation (e.g., egg/sperm freezing)?

Q3 — Does the Standard Plan extend beyond IVF procedures to donor conception, surrogacy-related expenses, and adoption support — and what are the eligible expense categories and caps (if any)?

Q4 — What is the average annual fertility benefit utilized across your rated/insured block of business?

Q5 — What is the average annual fertility benefit utilized across your Administrative Services Only (ASO) block of business?

To ensure accuracy and industry relevance, Mapol conducted this work under the guidance of Gordon R. Hart of Selectpath Benefits & Financial Inc. The survey focused on identifying each insurer's default policy approach — what a new plan sponsor could expect if they were establishing a plan today, rather than the legacy plan designs already in place with existing groups.

This Report Card assesses group benefits plans only. Personal health insurance (PHI) was not included in the inaugural scope; consideration will be given to adding PHI in future editions if information permits.

Scope considerations and constraints

Two constraints shaped the survey design. First, to maximize response rates, the survey was deliberately limited to five questions, a constraint experienced benefits advisors recommend when soliciting responses from insurers. Second, the utilization questions (Q4 and Q5) asked for the average annual fertility benefit utilized across each insurer's rated/insured and ASO blocks; most insurers do not track this in the form requested and the responses were too sparse to support comparison, so Q4 and Q5 were excluded from grading.

Inclusivity dimensions (e.g., explicit eligibility for single, 2SLGBTQ+, and transgender plan members) and navigation/mental-health supports were identified as priority topics during project scoping but were not directly surveyed in this Report Card due to the five-question limit. These dimensions are recommended for inclusion in a subsequent edition.

GRADING FRAMEWORK

Group benefits plans — coverage breadth approach

Each insurer was assigned a single overall grade based on the breadth and standardization of fertility and family-building benefits coverage offered in their Standard Plan. The framework rewards insurers that move these benefits from optional opt-in to Standard Inclusion and that align plan limits with the actual cost of fertility treatment in Canada. Grade A requires a combined family-building benefit of ≥ $50,000 per family lifetime, with all three family-building categories (fertility medications; fertility procedures and preservation; donor, surrogacy, and adoption) eligible as Standard Inclusions and usable across categories per the plan member's family-building pathway. This threshold reflects (a) Manulife Canada's published recommendation of $15,000 minimum to $50,000 per family lifetime, (b) the cost of a typical IVF-to-live-birth journey, roughly $40,000 to $60,000, and (c) the modern plan designs publicly disclosed by RBC, TD, and BMO, each documented later in this Report Card.

Grade	Designation	Requirement
A	**Family-Building Leader**	Combined family-building benefit of ≥ $50,000 per family lifetime, with all three family-building categories (fertility medications; fertility procedures and preservation; donor, surrogacy, and adoption) eligible as Standard Inclusions and usable across categories per the plan member's family-building pathway.
B	**Strong Standard**	Fertility medications and procedures are both Standard Inclusions (Coverage Level 2) at a meaningful combined limit (≥ $20,000), OR fertility medications alone are a Standard Inclusion at ≥ $20,000 or Reasonable and Customary (R&C). Broader categories may be available as optional add-ons.
C	**Limited Standard Inclusion**	Fertility medications (Coverage Level 1) are a Standard Inclusion, but the plan falls below the Grade B bar. The lifetime limit is under $20,000, or standard coverage does not extend to procedures at a meaningful level. Coverage is limited.
D	**Optional / Inconsistent Coverage**	Fertility drugs (Coverage Level 1) are not a dependable Standard Inclusion. They must be specifically requested by the plan sponsor or are included only for some plans (varying by group size, region, or product platform) so plan members do not receive fertility coverage by default. Broader procedure and family-building categories, where offered, are also optional.
F	**Not Available**	Fertility and family-building benefits are not offered at all and cannot be added to the standard plan.

How each insurer's grade was assigned

Grades were assigned by applying the same test to every insurer's Standard Plan, the coverage a new plan sponsor with no legacy design would be offered:

1. Is it standard? Is fertility (Level 1) drug coverage a standard part of the insurer's plan design by default that the sponsor can opt-out of? If fertility drugs must be specifically requested to be added, or are available only to some plan sponsors based on group size, region, or product platform, the insurer is Grade D. Where fertility drugs are standard in the product but automatically applied only under certain drug formularies (with opt-in under others), the insurer is graded on the standard approach, and the formulary variation is noted.

2. Is coverage sufficient? Where fertility drug coverage is consistently standard inclusion, breadth and dollars set the grade: plan limits for fertility below $20,000 earns Grade C; limits at $20,000 or R&C (or drugs and procedures both standard at a meaningful combined limit) earns Grade B; and all three coverage categories standard inclusion with a combined benefit of $50,000 or more earns Grade A.

3. Not offered? If no fertility or family-building coverage is offered and none can be added, the insurer is Grade F.

The three Coverage Levels map onto this grading directly: Level 1 (drugs) decides whether an insurer lands in D, C, or B; Levels 2 and 3 (procedures, then donor, surrogacy, and adoption) only lift an insurer to Grade A, which requires all three to be standard inclusion with sufficient coverage limits (if any apply).

PUBLIC FUNDING GAP

What Canadian provinces fund and where private benefits can help fill the gap

Public coverage for fertility and family-building services in Canada is uneven by province, with significant divergence in scope, eligibility, and dollar limits. The table below presents the current public funding picture as of 2026.

Province / Territory	Program	Funding Type	Coverage (as of 2026)
Direct funding — province pays directly for the funded services; patient still pays for anything the program excludes, such as medications in Ontario or the balance above BC's income-based amount			
Québec	Régie de l'assurance maladie du Québec (RAMQ) Medically Assisted Reproduction	Direct funding (cycle and drugs) plus refundable tax credit	1 IVF cycle per lifetime; women must be under 41 to start treatment (under 42 for transfer); program open to opposite- and same-sex couples and singles. Includes stimulation, retrieval, IVF, transfer, and one-year embryo freezing/storage; medications covered under the public drug plan. Medications are funded on an ongoing basis through the public drug plan (unlike programs that bundle a limited medication amount into a one-time grant). [19] Québec also offers a refundable provincial tax credit for infertility treatment (Revenu Québec) on eligible expenses not covered by a health insurance plan, at an income-based rate of 20% to 80% on up to $20,000 of eligible expenses (maximum credit $16,000 per year).[20]
Ontario	Ontario Fertility Program (OFP) and Tax Credit	Direct funding and tax credit	1 funded IVF cycle (clinic services only; medications not covered) at more than 50 participating clinics for patients under age 43; unlimited funded artificial-insemination/IUI cycles (no age cap); one funded fertility-preservation cycle before treatment for a medical condition that may cause infertility; one additional funded IVF cycle for patients acting as surrogates; $250M three-year expansion (2025/26 to 2027/28: $50M / $100M / $100M); 25% refundable Ontario Fertility Treatment Tax Credit up to $5,000/year on eligible expenses (retroactive to January 1, 2025). [6,21,22]

Province / Territory	Program	Funding Type	Coverage (as of 2026)
British Columbia	Publicly Funded IVF Program	Direct funding (means-tested), application-based	Up to $19,000 one-time funding for one standard IVF cycle (including treatment and medications) for Medical Services Plan (MSP)-enrolled residents aged 18 to 41 at application. Income-tested on the applicants' combined pre-tax income: $19,000 up to $100,000; $14,250 up to $150,000; $9,500 up to $200,000; $4,750 up to $250,000; not eligible above $250,000. Funding paid directly to the patient's fertility clinic. Launched July 2, 2025. [7,23]
Reimbursement after treatment — patient pays up front and submits receipts			
Newfoundland & Labrador	Fertility Subsidy Program	Reimbursement (subsidy)	Up to $29,000 for IVF, which can be staggered across one or multiple cycles and is reimbursed on submission of receipts.[24] Raised from $20,000 in August 2026 with $1.8 million in Budget 2026 funding. IVF services do not yet operate in the province; the government says work to establish them continues.[8]
Prince Edward Island	Fertility Treatment Funding Program	Reimbursement	Reimbursement of eligible IVF and IUI treatment expenses at fertility clinics in Canada, including initial consultation fees and associated prescribed medications, up to a lifetime maximum of $20,000 per household; funding is not income-tested and is paid only after expenses are incurred. Applicants are encouraged to use private insurance first and claim remaining out-of-pocket expenses.[13] The expanded program, announced in August 2026 with Budget 2026 funding,[12] replaces the previous income-based limits of $5,000 to $10,000 per year for up to three 12-month terms.[25]
New Brunswick	Fertility Treatment Reimbursement Program	Reimbursement (grant)	One IVF cycle reimbursed at 100% up to $20,000 per household, or one round of IUI at 100% up to $10,000 per household (as of April 2025)[11]; $1.9M provincial allocation to cover patients in need at the province's sole fertility clinic. Replaces prior one-time grant of 50% of costs up to $5,000. [10]

Province / Territory	Program	Funding Type	Coverage (as of 2026)
Refundable tax credit only — patient pays the full cost up front and recovers a percentage at tax time			
Manitoba	Fertility Treatment Tax Credit	Tax credit	40% refundable tax credit on eligible fertility treatment costs in Manitoba; up to $40,000 in eligible annual costs (limits doubled in 2024) = maximum annual credit of $16,000. [26]
Saskatchewan	Fertility Treatment Tax Credit	Tax credit	50% refundable tax credit on eligible fertility costs incurred in Saskatchewan; up to $20,000 in eligible expenses per tax filer, yielding a maximum credit of $10,000 per claimant. One lifetime claim per tax filer. Retroactive to January 1, 2025; introduced in the March 2025 budget. [9]
Nova Scotia	Fertility and Surrogacy Tax Credit	Tax credit	40% refundable tax credit on eligible fertility and surrogacy expenses provided by a Nova Scotia–licensed practitioner (or out-of-province by NS referral); capped at $20,000 eligible per year = maximum annual credit of $8,000 per couple. No lifetime cycle limit. Administered by the Government of Nova Scotia rather than through the income tax return: residents apply to the province after receiving their Canada Revenue Agency Notice of Assessment for the tax year. [27]
Yukon	Fertility and Surrogacy Tax Credit	Tax credit	40% refundable tax credit on eligible fertility and surrogacy expenses for Yukon-insured residents; maximum $10,000 per year with unlimited lifetime availability. Retroactive to January 2, 2024; first claimable on 2025 tax returns. Plus, medical travel and accommodations coverage for fertility treatments (since fall 2024). [28,29]
No general public fertility funding			
Alberta	Oncofertility Program (announced April 2026)	Targeted funding only (oncofertility)	No broad publicly funded fertility program and no provincial tax credit. In April 2026, Alberta announced $2.25M for a new oncofertility program, delivered with Cancer Care Alberta and Fertility Alberta, covering the costs of fertility care (including fertility preservation and IVF) for an estimated 250 to 400 cancer patients each year; full implementation expected in 2026/27.[14,15,16]
Northwest Territories & Nunavut	None	No public funding	No publicly funded fertility programs and no territorial fertility tax credit as of 2026. [30]

Ontario's $250M three-year expansion (2025/26 to 2027/28) is the largest dollar commitment, though spread across Canada's most populous province (~16M residents) it remains modest on a per-resident basis. British Columbia's $19,000-per-cycle program (~5.7M residents), Newfoundland & Labrador's $29,000-per-applicant subsidy (~0.5M residents), and New Brunswick's post-April 2025 program (one round of IVF or insemination, capped at $20,000 per household) deliver higher per-capita support but only to the small number of approved patients each year. Refundable-tax-credit-only jurisdictions (Manitoba, Saskatchewan, Nova Scotia, and Yukon) shift the financing risk to patients up front, who must cover the full cost of treatment before any portion is refunded at tax time. The Northwest Territories and Nunavut have no public program at all, and Alberta's only public commitment (a targeted oncofertility program announced in April 2026) is limited to cancer patients, leaving plan members otherwise entirely dependent on whatever private benefits their employer provides.

Two observations are central to the case for stronger private fertility coverage. First, even Canada's highest-dollar public programs (Newfoundland & Labrador's $29,000 and British Columbia's $19,000) fund at most one to two IVF cycles at $15,000 to $20,000 per cycle. Second, the Canadian Assisted Reproductive Technologies Register (CARTR) Plus registry, which is operated by the Better Outcomes Registry and Network (BORN) Ontario in partnership with the Canadian Fertility and Andrology Society (CFAS), reports a cumulative live-birth rate of 42% per retrieval without preimplantation genetic testing for aneuploidy (PGT-A) — measured among retrievals with at least one embryo transfer within 12 months, using the patient's own oocytes, all ages, meaning a single retrieval did not result in a live birth for a majority of the reported cohort.[31,32,33] Public funding alone, even where it exists, is not enough for the typical clinical journey to a live birth. Private benefits remain the principal bridge between what provinces fund and what patients actually need.

RECENT PROGRESS ON FERTILITY COVERAGE MODERNIZATION

Some large employers have stepped up; patient advocacy and providers highlight growing patient need

A growing number of Canadian employers have recently revised their fertility benefits coverage levels upward in response to documented plan member need. The examples summarized below, drawn from public announcements over the past five years, illustrate the changes some employers have chosen to apply after reviewing what fertility care actually costs their employees. However, they are examples of recent plan modernization rather than a market-wide change. While some large employers have the resources to enhance fertility and family-building benefits beyond standard plan designs, most small and mid-sized employers rely on insurers' standard products. As a result, broader access to meaningful fertility and family-building benefits will depend on insurers making these benefits a Standard Inclusion rather than an optional enhancement.

Patient advocacy groups describe the underlying need. Fertility Matters Canada, the national advocacy organization for fertility care, documents that one in six couples in Canada experience infertility — and that many 2SLGBTQIA+ and single Canadians also require fertility care — consistent with the World Health Organization's global estimate of one in six adults affected in their lifetime.[3,30] As noted in the Public Funding Gap section above, the CARTR Plus finding that most patients require two to three IVF cycles to achieve a live birth means a typical fertility journey involves multiple rounds of treatment.[31]

Health service provider research points in the same direction. Canadian-operating fertility-tech platforms (Sprout Family, Maven Clinic, Progyny Canada, Carrot Fertility) support employer benefit designs consistent with a $15,000 to $20,000 per family-building category range. Read together, the employer revisions in the table that follows, the advocacy data on prevalence, and the provider data on per-member cost converge on a consistent picture: the level of fertility and family-building coverage that meaningfully reimburses what plan members actually pay sits at a combined benefit of approximately $40,000 to $60,000 or more per family. Mapol's booklet analysis, presented later in this Report Card, quantifies how far current plan limits sit below this level: across 637 booklets covering approximately 5.5 million plan-member lives, the most common lifetime fertility cap is $5,000, and only 0.6% of lives hold a benefit of $20,000 or more.

Recent employer plan changes suggest a combined family-building benefit of $40,000 to $60,000 or more per family

Looking at the publicly disclosed plan changes for various employers in recent years, two patterns emerge. The first is multiple per-category caps stacked into a higher combined benefit. RBC Bank's July 2022 enhancement set $20,000 lifetime maximums for each of fertility medications and fertility treatments, with an additional $20,000 lifetime maximum applied jointly to surrogacy and adoption, bringing combined family-building coverage to $60,000.[34] TD Bank's March 2022 enhancement set separate $20,000 lifetime maximums for each of three categories — fertility and reproductive treatments; surrogacy and donor costs; and adoption costs — on top of its pre-existing fertility drug coverage (amount not publicly disclosed), bringing combined family-building coverage to at least $60,000.[34,35] BMO's January 2023 enhancement raised its combined lifetime maximum for fertility drugs and treatments to $20,000

and added surrogacy and adoption assistance; the per-category caps for surrogacy and adoption are not publicly disclosed.[34]

The second pattern is a single flexible benefit members can access across categories per their family-building pathway, as illustrated by Gibson Energy's $35,000 per-employee combined coverage for fertility drugs, services, surrogacy, and adoption.[34] Below the leading edge, Scotiabank's 2022 program set $10,000 lifetime maximums for each of fertility treatment, surrogacy, and adoption — approximately $30,000 across those three benefits; drug coverage is not separately disclosed.[34] CIBC expanded its existing fertility benefits in 2022 to include prescription fertility medications, fertility treatments, and reimbursement for certain out-of-pocket medical expenses related to surrogacy. In 2023, it added a lifetime adoption benefit of up to $15,000. While CIBC has publicly disclosed a $15,000 lifetime maximum for its fertility and surrogacy benefit, it has not publicly disclosed separate spending limits for individual categories such as fertility medications, fertility treatments, or surrogacy-related expenses.[34,36] HSBC Canada added coverage for fertility treatments, surrogacy, and gender-affirmation care as part of a broader inclusive-benefits redesign.[37] The trend extends beyond financial services as well: DuPont Canada introduced fertility and gender-affirmation coverage as part of an explicit diversity, equity, and inclusion (DEI)-aligned benefits redesign,[38] and on the insurer side, Manulife's 2025 partnership with Maven Clinic gave plan members access to a digital navigation and clinical-support platform spanning IVF, surrogacy, and family-building journeys — described by Manulife as the first such partnership offered by a Canadian carrier.[2,39]

What stands out is the spread: even among large employers that have recently chosen to modernize their plans, changes vary between per-category caps and combined limits, and the dollar levels vary widely. This underlines the case for insurer leadership at the product-development level, so plan modernization is not contingent on each plan sponsor doing the analysis alone.

WHERE DRUG PLAN LIMITS SIT TODAY

Findings from a Mapol analysis of 637 Canadian benefits booklets

Fertility drugs are typically classified as an optional drug category in standard Canadian group plans. A plan sponsor has to specifically request that fertility drug coverage be added rather than receive it as a default in the Standard Plan. This booklet analysis below shows what this approach produces at the population level: a relatively small share of plan-member lives end up with any fertility coverage at all, and the dollar limits attached to that coverage tend to sit well below what fertility care costs in Canada today. Mapol reviewed the fertility-coverage language in 637 Canadian group benefits booklets covering approximately 5.5 million plan-member lives. [40]

This booklet analysis should be interpreted alongside the insurer survey grading presented in the Report Card Results section. The insurer survey examines what insurers include in their standard plan designs, while the booklet analysis reflects the benefits employers have actually implemented. Together, they demonstrate that meaningful fertility coverage remains limited in both insurer products and employer-sponsored plans.

38%	**24%**	**0.6%**
Of lives have fertility EXPLICITLY INCLUDED in the plan	Have a DEFINED fertility coverage cap	Sit at the $20K+ lifetime cap
2.1M of 5.5M lives	**≈1.35M of 5.5M lives**	**33,200 of 5.5M lives**

Percentages are expressed as a share of the approximately 5.5 million plan-member lives covered by the 637 benefits booklets analysed.

When fertility is an optional drug category, very few plan members end up with coverage

Of the 5.5 million plan member lives in the booklet analysis, only 2.1 million (38%) sit in a plan that explicitly includes fertility drug coverage of any kind. Within that group, approximately 1.35 million lives have a clearly defined fertility coverage limit. The funnel collapses quickly: 38% included, then 24% with a fertility benefit limit, and only 0.6% of lives having a fertility benefit of $20,000+ lifetime maximum — a level that itself sits below the combined family-building benefit this Report Card uses as the Grade A threshold.

Even where fertility coverage exists, benefit limits remain well below treatment costs

Where fertility coverage is included and defined cleanly, the limits applied tell a second story: they do not line up with what fertility care actually costs. Within the 315 plans / 1.35 million lives that have a defined fertility coverage limit, lifetime dollar caps are the dominant structure (94% of these plans, 77% of these lives).

The distribution by cap value, measured against the determinable denominator, is shown below.

Lifetime $ cap band	Plans	Lives	% of defined-coverage lives
< $2,000	7	39,675	2.9%
$2,000 – $4,999	143	333,500	24.7%
$5,000 – $9,999	50	260,675	19.3%
$10,000 – $19,999	86	374,400	27.7%
$20,000+	9	33,200	2.5%
Total lifetime $ cap	**295**	**1,041,450**	**77.2%**

Two benefit levels dominate Canadian employer-sponsored plans

Two single cap values dominate the included subset. A **$5,000 lifetime maximum** appears in **41 plans (178,325 lives)**, making it the single most common specific benefit limit in the sample. A **$15,000 lifetime maximum** appears in **52 plans (164,800 lives)** and represents the most common "updated" tier. While these benefit levels reflect some plan modernization, they remain well below the cost of many fertility and family-building pathways.

Family-building pathway	Typical cost
Complete IVF cycle	$15,000–$20,000
Donor-egg cycle (in addition to IVF)	+$15,000–$25,000
Donor sperm	$1,000–$2,000 per vial
Egg-freezing cycle (including medications)	$10,000–$15,000
Annual fertility preservation storage	$300–$600/year
Private domestic adoption	$10,000–$25,000
International adoption	$25,000–$50,000+
Surrogacy	Starting at $60,000

The gap between benefit limits and treatment costs is significant. The most common Canadian plan cap of **$5,000** does not fund even one complete IVF cycle. Even the most common modernized tier of **$15,000** generally funds only part of a typical fertility journey. At the leading edge, just **9 plans (33,200 lives)** provide lifetime coverage of **$20,000 or more**, representing only **0.6% of the 5.5 million plan-member lives** included in the analysis. The highest benefit limits identified in the sample—**$30,000, $36,000, and $45,000**—each appeared in only a single plan.

Beyond the level of funding available, the booklet analysis also highlights important gaps in the types of fertility and family-building services covered by employer-sponsored plans. Two pathways remain largely absent from Canadian employer-sponsored benefits plan design, and both disproportionately affect younger plan members. Donor gametes are not an elective choice for many individuals; they are often the only clinically appropriate pathway to pregnancy for same-sex female couples, single parents by choice using donor sperm, individuals with premature ovarian insufficiency, and those experiencing severe male-factor infertility or other conditions requiring donor gametes. Because the Assisted Human Reproduction Act (AHRA) prohibits paying sperm and egg donors (while permitting reimbursement of eligible expenses), Canada has a relatively limited domestic supply of donor gametes. As a result, many Canadians obtain donor sperm and, to a lesser extent, donor eggs from licensed banks in the United States or Europe.[41]

Fertility preservation represents a second major gap in many employer-sponsored benefit plans. It is particularly important for two groups: young oncology patients facing gonadotoxic treatments, where fertility preservation before chemotherapy, radiation, or certain surgeries is time-sensitive and often cannot be deferred, and individuals who elect to preserve fertility while delaying parenthood for personal or career reasons. A $5,000 lifetime benefit generally does not fully fund either pathway, while a $15,000 lifetime benefit may cover approximately one preservation cycle but often leaves significant out-of-pocket costs for medications, storage, or additional treatment when needed. Because many individuals' seeking fertility preservation are in their prime working years, more comprehensive coverage can support talent attraction and retention while demonstrating an employer's commitment to employees' reproductive health, family-building goals, and workplace inclusion.

> *"Advocating for fertility coverage feels like a risk, so instead, employees struggle in silence. Without coverage, the costs ultimately show up elsewhere: mental health claims, disability leaves, attrition. Standard Inclusion changes that. It removes the barrier of disclosure, ensures equitable access regardless of pathway, and reflects what modern family-building actually looks like."*
>
> **Suzanne (Suze) Mason — Co-Founder & COO, Sprout Family**

THE ECONOMICS ARE CLEAR

What Canadian benefits research shows on fertility coverage

Independent benefits research points to a consistent conclusion: fertility benefits are among the highest-impact, lowest-cost additions an employer can make. In Mercer/RESOLVE's 2021 Survey on Fertility Benefits (a US employer survey of 459 respondents), 97% of employers offering fertility benefits reported that adding infertility coverage did not result in a significant increase in medical plan costs. Canadian-specific cost-impact data at this level of granularity has not been published, but the US finding provides strong evidence that the cost-driver concerns most often raised by plan sponsors are not borne out in practice where coverage has been added.[17] Set against Mapol's booklet analysis, this is striking: the most common Canadian plan cap is $5,000 lifetime (41 plans, 178,325 lives), a ceiling well below the cost of even one complete IVF cycle. This suggests that the modest, capped exposure observed in the Mercer survey is also relevant to Canadian plan sponsors considering benefit modernization. Willis Towers Watson's 2024 Canadian Emerging Benefit Design Survey of 100 Canadian employers found that 39% rate fertility drug coverage as a top or high priority, 70% already cover fertility drugs, and 98% of organizations that offer inclusive benefits plan to maintain or increase their value.[42]

> *"Fertility and family-building benefits represent one of the clearest near-term product innovation opportunities in Canadian group benefits—combining strong member demand, low actuarial risk, and high employer-perceived value."*
>
> **Gordon R. Hart — CEO & Chairman, Selectpath Benefits & Financial Inc.**

What it costs plan members today

The economic case for plan sponsors rests on what the absence of coverage costs plan members and their families. A single IVF cycle in Canada costs approximately $15,000 to $20,000 when drug, clinic, and laboratory costs are combined.[2,4] Surrogacy in Canada typically costs $60,000 to $100,000,[43] and adoption ranges from $10,000 to $25,000 (private domestic) to $25,000 to $50,000+ (international).[44] Combined with the CARTR Plus registry's cumulative live-birth rate of 42% per retrieval reaching embryo transfer, without PGT-A,[31] realistic out-of-pocket exposure for a Canadian family pursuing a complete fertility journey routinely reaches $40,000 to $60,000 or more, costs that fall directly on plan members where employer coverage is absent. Even insurers acknowledge the shortfall: Sun Life's Women's Health Toolkit tells plan sponsors that standard fertility drug maximums "typically aren't comprehensive enough" and advises lifetime maximums of $5,000 to $7,500 — still well below the cost of a single cycle.[45]

Why this matters for retention and inclusion

> *"Integrating fertility coverage into group benefits plans is more than a health measure — it is a strategic pillar of modern workforce protection."*
>
> **Gordon R. Hart — CEO & Chairman, Selectpath Benefits & Financial Inc.**

The "Investing in Tomorrow: The Employer Case for Fertility Support in the Workplace" study, published in 2026 by Fertility Alberta Advocacy & Outreach Association and Mount Royal University, surveyed 206 Albertans who pursued fertility treatment in the past five years. The numbers put hard data behind a pattern most plan sponsors already see anecdotally. Fertility care plays out during working hours, drives time off and reduced productivity, and is paid for almost entirely by plan members where employer coverage is absent.[46]

$35K	82%	18.7	65%
Cumulative out-of-pocket spend on fertility care (Alberta survey average)	Of fertility patients took time off work for treatment	Average days off taken per respondent during their fertility journey	Reported their fertility journey had a negative impact on their employment

The same study found that only 21.2% of respondents had any employer fertility benefit, only 6.3% had treatment costs covered, and 61% needed outside financial help (loans or family gifts) to fund their care. Just 39% rated their workplace as supportive of their fertility journey. The Alberta sample is provincial and small (n=206), so the figures above should be read as indicative rather than nationally representative. The pattern they describe is consistent with what patient-advocacy organizations report across Canada and with the booklet-level findings earlier in this Report Card.[46]

These workforce dynamics fall disproportionately on working-age plan members. Manulife's most recent five-year group benefits utilization data (released April 2026) shows fertility medication use among Canadian women aged 25 to 34 has risen 13.5% and use among women aged 35 to 44 has risen 24% over the same period. These are precisely the age cohorts most plan sponsors prioritize for retention and development.[5]

Canadian employees are also clearly signaling demand for fertility coverage. Carrot Fertility's 2023 "Fertility at Work" global survey of 5,000 employees across Canada, India, Mexico, the U.K., and the U.S. found that 65% of all respondents would change jobs to work for a company that offers fertility benefits, 72% would stay at their current employer longer if they had access to fertility benefits, and 42% consider the lack of employer-provided fertility benefits a "deal breaker" when accepting a new role.[47] For Canadian plan sponsors competing for talent, these are direct retention and recruitment signals.

Maven Clinic's 2026 State of Women's and Family Health Benefits Report, which surveyed employees alongside HR and benefits leaders across the United States, the United Kingdom, Canada, and India, identifies a different but reinforcing gap. Employers reported a 39% average increase in women's and family health benefits offered year over year — with major growth in fertility, adoption and surrogacy, paid parental leave, and parenting support — yet employee perception of those benefits supporting them "very well" fell across nearly every category. For fertility specifically, the share of employees rating their fertility benefits as supporting them very well dropped from 55% to 49% year over year. Adding optional fertility coverage on its own is not translating into a better plan-member experience. What matters is whether the coverage is easy to find, easy to use, and substantive at the moment of need.[48]

For plan sponsors, the case is straightforward. Fertility and family-building coverage at updated limits offsets the time off and lost productivity the Alberta survey quantifies, supports retention through one of the most demanding life stages plan members will pass through, and signals employer support at a moment when employees actively notice.

> *"Improving access to fertility care isn't the responsibility of any one group. We all have a role to play. In my experience, employers want to support their people, but many simply aren't aware of the gaps that still exist or how private benefits and free support programs can help fill them. Education in general would support how we bring everyone to the table and help close those gaps."*
>
> **Erin Fordham — Co-Founder, Oasis Fertility Support Network;**
> **Director of Sales and Business Growth, HMA The Benefits People**

Overall, these findings suggest that modernizing fertility and family-building benefits is not simply a reimbursement decision. It is an opportunity for insurers to better align standard plan designs with evolving workforce expectations, employer priorities, and the realities of family building today.

INDUSTRY LANDSCAPE & PROGRESS

What insurers, advocates, and fertility-tech providers have built — and where the system still falls short

Canadian fertility coverage has evolved substantially over the past five years. Most major insurers covered in this Report Card now offer fertility coverage as an available benefit, though for many it remains an optional add-on rather than a Standard Inclusion, national patient-advocacy organizations are running active campaigns, and a small group of Canadian-operating fertility-tech providers has built infrastructure designed to plug into employer plans.

What has not changed is the structural reality that almost all of this coverage is offered as an optional add-on rather than a Standard Inclusion. The decision to add fertility coverage sits with the plan sponsor. That works for large employers with in-house benefits teams and the leverage to negotiate. It does not work for the small and mid-sized employers who make up the majority of the Canadian group market, who often do not know to ask, and who would not be in a position to assess the actuarial impact even if they did.

A small number of Canadian insurers have already demonstrated that meaningful fertility and family-building benefits can be successfully incorporated into modern group benefits plans. These examples show that the products, partnerships, and benefit structures already exist. The remaining opportunity is to move beyond isolated offerings and make meaningful fertility and family-building coverage a standard part of insurer plan design.

Addressing insurers' risk concerns

Modernizing fertility coverage does not require insurers to accept open-ended exposure. The tools to manage it already exist and are well understood. Lifetime maximums that cap per-family liability, clinical prior-authorization to confirm treatment is medically appropriate, access to clinically governed provider networks that steer members toward evidence-based care, and case management for complex journeys. Applied together, these controls make fertility a structured, capped, and predictable benefit rather than an unmanaged one. Selectpath estimates fertility coverage at roughly 0.2% of premium for the benefit designs it advises on — below paramedical services inflation and well under the volatility insurers routinely absorb in the specialty drug pipeline.[18]

> *"Modern fertility benefits are not unmanaged exposures, they are structured, episodic claims with predictable ceilings and established utilization controls."*
>
> **Gordon R. Hart — CEO & Chairman, Selectpath Benefits & Financial Inc.**

For insurers, standardizing fertility and family-building coverage is not only a member-equity measure; it is a product opportunity. Making the benefit a Standard Inclusion increases product differentiation in a competitive group market, improves member satisfaction at one of the most significant life stages a plan member experiences, and aligns carrier offerings with the diversity, equity, and inclusion (DEI) and environmental, social, and governance (ESG) commitments that plan sponsors increasingly expect. The insurers profiled in this section that have moved first are already positioned to realize these advantages.

Patient advocacy

Fertility Matters Canada is the national patient advocacy organization for fertility care, publishing public-facing resources on provincial funding and employer benefits.[30] Founded in 2008, Conceivable Dreams, Ontario's fertility patient advocacy organization, led the policy advocacy that produced Ontario's funded IVF program.[4] Together, the two organizations lead the Fertility Benefits Matter campaign, which publishes employer-facing tools, references $20,000 as the average per-cycle cost of IVF in Canada, and contrasts an average $6,000 benefit with an estimated $20,000 per-cycle cost.[4]

> *"Public funding has meaningfully expanded access, and that momentum creates a real opportunity. Employers and benefits providers who step in alongside public programs can differentiate themselves, support employees through one of life's most personal journeys, and help build a more inclusive workplace."*
>
> **Zane Colt — Board Chair, Conceivable Dreams**

Manulife Canada

Manulife's April 2026 press release reports a 21% increase in fertility medication claims over five years and recommends a minimum employer lifetime maximum of $15,000 per family with leading employers offering up to $50,000.[2] Manulife removed all cycle, dollar, and lifetime maximums for its own employees in 2023, and partnered with Maven Clinic to deliver integrated virtual programs spanning fertility, family-building, maternity, parenting, and menopause to eligible plan members.[2,39]

Sun Life

Sun Life positions itself as one of the first major Canadian insurers to offer coverage for fertility treatment and surrogacy, launching its Family Building Program in 2022 and announcing in late 2022 an adoption expansion effective in 2023, adding adoption legal and agency fees alongside fertility services and surrogacy medical and supplemental expenses. Per-family lifetime maximums are set by the plan sponsor rather than by Sun Life. Sun Life has also cited survey findings that many Canadians consider family-building benefits important to them.[49] Sun Life's own Women's Health Toolkit goes further, advising plan sponsors that standard fertility drug maximums "typically aren't comprehensive enough" and recommending lifetime maximums of $5,000 to $7,500 while positioning its optional Fertility Services benefit at maximums up to $30,000.[45]

Canada Life

Canada Life's public position is built around a Family-building product suite framed as a recruitment and retention strategy, with fertility drug coverage as a prerequisite for adding family-building benefits.[50]

GreenShield

GreenShield publishes a Family Building Corporate offering for plan sponsors. The offering integrates fertility, surrogacy, and adoption support.[51]

Desjardins Insurance

Desjardins launched its "Family Focus" fertility offer on November 2, 2023, covering fertility tests and treatments, adoption, surrogacy, and related expenses, alongside a Prenato partnership for preferred-rate prenatal services. The launch positioned Family Focus as a labour-market differentiator for talent attraction and retention.[52]

Beneva

Beneva publishes Family Insurance products and Group Insurance solutions but has not, as of this Report Card's research period, issued a dedicated public position statement on fertility coverage comparable to other insurers listed in this Report Card.[53]

iA Financial Group

iA Financial Group offers three "Family Support" coverages (fertility, surrogacy, and adoption) sold à la carte under its "Inclusive Coverages" framework, with employer-selectable maximum amounts. Coverages are available for groups of 50 or more plan members and are positioned as part of an inclusive workplace design.[54]

Co-operators

Co-operators publishes a Group Benefits Family-building brochure framing fertility coverage as essential to "a more inclusive workplace," offering fertility drug coverage and fertility treatment reimbursement (including expenses related to the egg, embryo, and sperm). The brochure notes that coverage varies by group size, and only expenses incurred in Canada are eligible.[55]

Pacific Blue Cross

Pacific Blue Cross has publicly positioned itself around family planning, claiming to be the first Canadian provider to offer family planning benefits within an individual (personal) health and dental plan, launched in May 2023 in partnership with BC Women's Health Foundation and available in British Columbia. The plan explicitly includes fertility drugs, fertility treatments, and adoption support.[56]

Medavie Blue Cross

Medavie Blue Cross launched its Family Building Benefit in January 2024 as an optional group plan add-on covering fertility treatments (including IVF), surrogacy expenses, and adoption fees. Medavie's announcement explicitly cites the financial realities driving the benefit, including the typical cost of IVF in Canada and the affordability gap plan members face when coverage is not in place.[57]

REPORT CARD RESULTS

Ranking of Canadian group benefits insurers

The table below presents the ranking of insurers surveyed for the 2026 Fertility and Family-Building Coverage Report Card.

The grades below describe the standard plan products Canadian insurers currently offer to new plan sponsors. Under the combined family-building benefit threshold, a level that reflects the real cost of a typical fertility journey in Canada, no surveyed insurer currently earns Grade A, and only one earns Grade B, in its standard plan offering. Eight insurers sit in Grade C because their fertility-drug coverage is a Standard Inclusion but capped below the $20,000 Grade B bar. A further eight insurers sit in Grade D, where fertility drugs and procedures remain optional for most of the insurer's business: either coverage must be specifically requested by the plan sponsor, or it varies materially by group size, leaving most plan members without dependable fertility coverage by default.

Grade Distribution

Grade	Designation	Distribution of Surveyed Insurers	Count	% of Total
A	**Family-Building Leader**		**0**	0%
B	**Strong Standard Inclusion**		**1**	6%
C	**Limited Standard Inclusion**		**8**	47%
D	**Optional / Inconsistent Coverage**		**8**	47%

Note: percentages may not sum to 100% due to rounding.

Detailed ranking by insurer

Insurer	Coverage Level 1 — Drugs Only	Coverage Level 2 — Drugs + Procedures / Preservation	Coverage Level 3 — Drugs + Procedures + Donor / Surrogacy / Adoption	Grade
Canada Life	Large: Standard Inclusion, R&C (LTM options $5,000 to $20,000) Selectpac: Standard Inclusion, up to overall drug max	Large: Optional ($10,000/$15,000/$25,000 LTM) Selectpac: Not included	Large: Sprout Family (fee-for-service) Selectpac: Not included	**B**
Desjardins	Small: Standard Inclusion ($5,000 combined drugs and treatment) Large: Standard Inclusion ($10,000 combined drugs and treatment)	Small: Combined with drugs Level 1 ($5,000) Large: Combined with drugs Level 1 ($10,000)	Small: $5,000 surrogacy add-on Large: Surrogacy at matching max ($10,000)	**C**
Manulife	Standard Inclusion: $15,000 LTM (Alpha and Signature)	Optional, cost-plus (Alpha $5,000 LTM; Signature $15,000 LTM)	Optional surrogacy + adoption (up to $15,000 surrogacy / $30,000 adoption LTM in Signature)	**C**
Sun Life	Standard Inclusion $2,400 LTM	Optional (Family Building, up to $30,000 LTM)	Optional (Family Building, $5,000 to $30,000 LTM)	**C**
Alberta Blue Cross	Standard module $5,000 LTM (automatic under managed formularies; opt-in under others)	Optional (add-on)	Optional (Family Building Benefit)	**C**
Manitoba Blue Cross	Standard module $5,000 LTM (automatic under managed formularies; opt-in under others)	Optional (add-on)	Optional (Family Building Benefit)	**C**
Medavie Blue Cross	Standard module $5,000 LTM (automatic under managed formularies; opt-in under others)	Optional (add-on)	Optional (Family Building Benefit)	**C**
Pacific Blue Cross	Standard module $5,000 LTM (automatic under managed formularies; opt-in under others)	Optional (add-on)	Optional (Family Building Benefit)	**C**
Saskatchewan Blue Cross	Standard module $5,000 LTM (automatic under managed formularies; opt-in under others)	Optional (add-on)	Optional (Family Building Benefit)	**C**
Co-Operators	Optional, varies by group size: <11 lives HCSA only; $2,500 (11–35); $10,000 (35+); $15,000 (100+) LTM	Optional, varies by group size: <35 lives HCSA; $10,000 (35+); up to $50,000 (100+) LTM	Surrogacy $15,000–$50,000 by group size; adoption via WSA/PSA	**D**
GreenShield	Optional, fertility drugs not standardly included for new sponsors	Available upon request: fertility treatment and related diagnostic tests (lifetime max per plan)	Family Building: Fertility Services, Surrogacy (medical + pharmaceutical), Adoption; ~$20,000 typical amount	**D**

Insurer	Coverage Level 1 — Drugs Only	Coverage Level 2 — Drugs + Procedures / Preservation	Coverage Level 3 — Drugs + Procedures + Donor / Surrogacy / Adoption	Grade
iA Financial	Optional (50+ lives) $10,000 increments	Optional	Optional	**D**
Wawanesa	Optional (Family Building rider) $5,000 LTM	$20,000 LTM (optional)	Adoption and surrogacy within treatment max	**D**
Beneva	Optional (50+ lives) Up to $10,000 to $15,000 LTM	Optional, case-by-case	Donor only; no surrogacy/adoption	**D**
Equitable Life	Optional $3,000 LTM typical	Optional (EHC add-on)	Not beyond IVF (HCSA/TSA only)	**D**
RBC Insurance	† Optional drugs only: up to 6 cycles; LTM options $2,500 / $4,000 / $15,000	Not available	Not available	**D**
Empire Life	Optional (EHB add-on); $4,000 (<20 lives, 50% co-insurance) to $15,000 (≥20 lives) LTM	Not an eligible benefit and cannot be added as an optional rider	Not available and cannot be added as an optional rider	**D**

LTM – Lifetime maximum. R&C – Reasonable and customary. HCSA – Health Care Spending Account. WSA – Wellness Spending Account. PSA – Personal Spending Account. TSA – Taxable Spending Account. EHC – Extended Health Care. EHB – Extended Health Benefit.

† RBC did not confirm whether fertility-drug coverage is a Standard Inclusion or an opt-in; it is graded as optional based on the tiered selectable maximums in its response.

Within Grade D (where no insurer offers fertility coverage as a Standard Inclusion) insurers are ordered by the breadth of coverage a plan sponsor can obtain on an opt-in basis. Those whose optional coverage spans all three categories (fertility drugs, procedures, and donor/surrogacy/adoption) first, then drugs-and-procedures-only insurers, then fertility drugs-only insurers.

Basis for each grade

Grade B (1) — Canada Life. Fertility drugs are a Standard Inclusion at R&C for large plan sponsors, clearing the $20,000 bar; fertility procedures and family-building remain optional add-ons. Fertility drug coverage is standard inclusion on its Selectpac plan as well with the overall drug plan max.

Grade C (8) — With a Grade C are Desjardins, Manulife, Sun Life, Alberta Blue Cross, Manitoba Blue Cross, Medavie Blue Cross, Pacific Blue Cross and Saskatchewan Blue Cross. For the first three, fertility drugs are a Standard Inclusion but the lifetime cap sits below the $20,000 Grade B bar (Manulife $15,000; Desjardins $5,000 to $10,000 combined drugs-and-treatment, by group size; Sun Life $2,400); Desjardins is the only one of the three whose standard coverage also includes procedures, but its combined limit is too low to reach Grade B. For the Blue Cross organizations, the fertility-drug module is a standard $5,000 lifetime inclusion under their managed formularies and are opt-in under other formularies; the $5,000 cap also sits below the Grade B bar.

Grade D (8) — Insurers that keep fertility coverage optional for most of their business; within the band they are ordered by the breadth of coverage a plan sponsor can obtain on an opt-in basis. Co-operators, GreenShield, iA Financial, and Wawanesa offer optional coverage spanning all three categories. GreenShield's Family Building product (fertility services, surrogacy, and adoption, about $20,000) is the most comprehensive though it has no standard plan, and Co-operators scales with group size, reaching $50,000 for treatment at large groups. Beneva and Equitable Life cover fertility drugs and procedures on an opt-in basis but offer no dedicated surrogacy or adoption benefit. RBC Insurance is distinct from RBC Bank's employee plan discussed earlier which covers fertility drugs only, on an opt-in basis, with no procedures or family-building coverage. Empire Life has fertility drugs as an opt-in for the Extended Health Benefit (with 50% co-insurance below 20 lives), and per Empire its fertility procedures “are not an eligible benefit and cannot be added as an optional rider,” while surrogacy and adoption support “are also not available and cannot be added.”

CALL TO ACTION

Modernizing fertility coverage in Canada's private drug plans

Fertility and family-building benefits must move from an optional rider to a Standard Inclusion in all Canadian group benefits plans. This Report Card calls on the industry to:

01

Make Fertility Coverage Standard Inclusion

Make fertility medications and family-building benefits (Coverage Level 1) a Standard Inclusion in all Standard Plans — with no opt-in required, and plan sponsors retaining the option to opt out.

02

Set A $50,000 Family-Building Benefit

Set a combined family-building benefit of at least $50,000 per family lifetime, usable across categories per the plan member's family-building pathway, aligned with published recommendations and the disclosed combined benefit limits of leading Canadian employers. [2,34]

03

Cover The Full Family-Building Pathway

Extend the combined family-building benefit to cover the full spectrum of benefit needs — fertility procedures and preservation, donor services, surrogacy, and adoption — usable per the plan member's chosen path, for all plan sponsors.

04

Make Eligibility Inclusive

Eliminate eligibility language that excludes single members, 2SLGBTQ+ families, and those who need gametes or lack a uterus from accessing family-building benefits.

> *"When private payers align fertility benefit design with the realities of family-building costs and modern household structures, they remove one of the most visible affordability barriers in Canadian healthcare and signal that equity and family health belong at the centre of modern benefits design."*
>
> **Johnny Ma — President, Mapol Inc.**

ACKNOWLEDGMENTS

This Report Card was developed by Johnny Ma, President of Mapol Inc., with the collaboration of Gordon R. Hart, CEO and Chairman of Selectpath Benefits & Financial Inc.

Selectpath's benefits advisory team supported the design of the survey instrument, facilitated outreach to participating insurers, and coordinated the follow-up clarifications.

Mapol thanks the participating insurers who contributed to the inaugural edition, and the patient-facing organizations and benefits advisors whose input helped shape the coverage framework used in this Report Card.

Profile: Mapol Inc.

Mapol Inc. is a Canadian consultancy specializing in patient access and product reimbursement across public and private drug plans. With over 100 years of combined experience across the pharmaceutical, public payer, and private payer industries, Mapol's mission is to support pharmaceutical and biotech companies in achieving, maintaining, and improving timely public and private drug plan reimbursement across Canada.

Profile: Selectpath Benefits & Financial Inc.

Founded in 1994, Selectpath Benefits & Financial Inc. is a leading independent advisory firm specializing in group benefits, retirement consulting, and financial planning solutions across Ontario and Atlantic Canada. With a mission to deliver trusted advice and tailored strategies, Selectpath helps businesses and individuals navigate the complexities of employee benefits, wealth management, and organizational wellness with clarity and confidence.

As a proud Navacord partner, Selectpath combines the personalized service of a local boutique with the scale, resources, and buying power of one of Canada's largest insurance and risk management brokerages. Their approach is built around client success, emphasizing education, engagement, and innovation to create sustainable, high-impact benefit solutions.

Selectpath's integrated team includes experts in group benefits, pension governance, human resources, disability management, strategic communications, and total compensation. With over 3,600 clients, $1B in premiums and $1.4B in investments, and a 98.5% client retention rate, Selectpath is a trusted partner for organizations seeking proactive advice, meaningful data, and measurable outcomes. Selectpath is a proud B-Corporation, meeting rigorous standards of social and environmental performance, accountability, and transparency.

Whether you're an entrepreneur, HR leader, or business executive, Selectpath is committed to guiding you on your Right Path to success.

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APPENDIX A — SURVEY QUESTIONS DISTRIBUTED TO INSURERS

Q1. In your standard group plan offered to new plan sponsors with no legacy plan design, are fertility medications automatically included, and what are the plan limits (if any)?

Q2. Does this standard group plan offer coverage for fertility-related procedures such as IVF clinic treatments or fertility preservation (e.g., egg/sperm freezing)?

Q3. Does this standard group plan offer coverage that extends beyond fertility IVF procedures to donor conception, surrogacy-related expenses, and adoption support — and what are the eligible expense categories and caps (if any)?

Q4. What is the average annual benefit utilized for fertility medication, procedures, and family-forming benefits across your rated/insured block of business?

Q5. What is the average annual benefit utilized for fertility medication, procedures, and family-forming benefits across your ASO block of business?