

# When fertility meets finance: Planning your IVF journey with insurance

IVF is medical. Access is financial. Understanding treatment ladders, waiting periods and policy limits can make all the difference.

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When you live in India, surrounded by our teeming millions, infertility isn't something that lives top-of-the-mind. You're surrounded by children, after all - your friends from school are all in the family way or raising young children, and it feels like you hear about a new baby in your extended family every other year.

Which is why, perhaps, infertility arrives as such a rude shock. The truth is,

infertility rates in India are rising, and particularly so in urban centres. There are many factors driving this. Urbanisation itself creates some of the conditions - sedentary routines and processed diets that have fuelled an obesity epidemic for women, and secondary knock-on hormonal disruptions like PCOS. Doctors have also flagged falling sperm quality in men.

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For urban couples, opportunity costs also factor into the family planning math: they often start trying later, when they're both more settled in their careers, and have met the financial milestones they set for themselves. But this is where time works against them. Some studies suggest that when marriages happen after age 30, the odds of primary infertility rise sharply (up to 7.8 times)

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, and factors such as alcohol use, smoking, diabetes, and thyroid issues can worsen secondary infertility.

That mix of lifestyle factors and medical issues is achingly familiar to most couples today. Which is why infertility needs to be a part of the family planning conversation. Not because every couple will struggle, or because parenthood needs to be approached with fear, but because the earlier you understand where you stand, the more room you have to make choices, medically and financially.

**Clarity first: what infertility actually means**

Before you can plan financially, you have to understand what you are planning for. "Infertility" often gets used as shorthand for "it's not happening." Clinically, however, it is something doctors investigate methodically. It is a diagnosis to unpack.

A typical fertility work-up evaluates both partners. For women, doctors assess ovulation patterns, hormone markers, ovarian reserve, uterine structure, tubal patency, and conditions such as PCOS or endometriosis where relevant. For men, a semen analysis often provides early clarity on sperm count, motility, and morphology.

A diagnosis, however, isn't the end of the conversation. It is the beginning of a sequence of decisions. And those decisions usually follow a ladder.

### **The ladder of fertility treatment**

Fertility treatment rarely jumps straight to IVF. Doctors typically move from less invasive interventions to more advanced assisted reproductive techniques (ART), depending on what they find.

Common options include:

- Medical management and lifestyle interventions, when conditions such as PCOS, thyroid dysfunction, or metabolic issues affect ovulation
- IUI (intrauterine insemination), where sperm is placed into the uterus around ovulation
- IVF (in vitro fertilisation), where fertilisation happens in a lab and an embryo is transferred to the uterus

- ICSI (intracytoplasmic sperm injection), often used in IVF cycles when male factor infertility plays a role
- Other ART methods, including GIFT/ZIFT in select contexts, though IVF remains the most common in modern practice
- Donor options or surrogacy, for specific indications and family structures

When that ladder reaches IVF, the journey becomes more complex - medically and financially.

### **IVF is not a single event. It is a sequence.**

When most of us think of IVF, we imagine it as a single event - a procedure that you go in for, and then are done with. In reality, IVF is a series of tests and procedures, and in many cases, it is one you may need to repeat.

A typical IVF cycle includes consultations, hormonal stimulation to stimulate production of multiple eggs, serial scans and blood tests across the cycle, egg retrieval (involving sedation), laboratory fertilisation (using ICSI, in some cases), embryo development, transfer, and post-transfer monitoring. Overall, it takes between four to six weeks from start to finish.

Success rates vary by age and underlying health. For women under 35, doctors often cite success rates in the range of 40–50 percent per cycle, with outcomes declining as age increases. This is why women often undergo multiple cycles of IVF. Even early success doesn't eliminate the need for close monitoring, as IVF carries inherent risks such as multiple gestation or ovarian hyperstimulation syndrome.

If you know anyone who has been through IVF, you understand the emotional toll. The financial toll can be just as demanding.

### **IVF is rarely a single bill**

IVF treatment in India can range from ₹1,00,000 to ₹3,00,000 per cycle, depending on clinic, city, and protocol. Some estimates place average cycles between ₹90,000 and ₹1,50,000, with higher-end centres charging more. But the base cycle is rarely the final number.

Additional (variable) costs may include:

- Fertility medications and hormonal injections
- Diagnostic evaluations and repeat monitoring
- Add-on procedures such as ICSI or frozen embryo transfer (FET), or genetic testing (PGT/PGD)
- Embryo storage
- Additional cycles if the first attempt does not succeed

And because success is not guaranteed in one round, costs can compound quickly. For years, this financial burden sat almost entirely with families.

### **ART enters the insurance conversation**

Until fairly recently, most Indian health insurance policies did not cover assisted reproductive treatment such as IVF. The industry treated it as elective, outpatient, or outside the scope of traditional hospitalisation-led covers. That is changing.

Some insurers now include infertility and ART coverage as part of

comprehensive plans. Others offer it through riders or add-ons. But the fine print matters so much here that "IVF covered" as a phrase almost means nothing without details.

When reviewing a policy, couples should ask some basic questions:

- What exactly is covered - procedures alone, or consultations, diagnostics and medications as well?
- Is there a waiting period? Many policies impose waiting periods of two to three years or longer.
- Are there age restrictions? Some insurers limit fertility benefits to a certain age band (often framed around women's reproductive years).
- Is there a cap on the number of cycles?
- Are sub-limits imposed on ART expenses?
- Is inpatient admission required to make a claim?
- Does the policy cover related treatments?

Which brings us to the real planning question. If IVF might sit somewhere on your horizon, when should insurance enter the picture?

### **The waiting period problem**

Fertility treatment sits at the intersection of biology and time. Insurance sits at the intersection of paperwork and waiting periods. When those timelines do not align, planning fails. If you plan to start a family sometime in the future, start with information.

Treat fertility as part of family planning, not a last-minute crisis. If parenthood sits on your horizon in the next few years, consider basic fertility testing early, simply to understand your baseline. This doesn't mean you will need intervention. It means you won't lose time later if you do.

If doctors identify risk, map the ladder. Ask your doctor what they will try first, second, and third. Understand what "success" looks like at each step, and what escalation might involve. Get clarity on whether your likely path looks like medication, IUI, IVF, IVF+ICSI, or something else.

Then match that ladder to the policy. Don't buy a policy because it contains a broad "infertility cover" line. Read what it actually pays for, how long you must wait, and what caps apply. A policy that covers one IVF cycle with a long waiting period plays a different role from one that covers multiple cycles with realistic sub-limits.

Start early if IVF may be on the horizon. This is the uncomfortable truth: the most important part of fertility insurance is timing. If a policy has a 2-3 year waiting period, you can't "buy it when you need it." You buy it before you need it, or it doesn't function as intended.

Some insurers now design policies specifically around women's healthcare needs, including fertility-related expenses. Insurers such as Star Health Insurance offer products like the Star Women Care Insurance Policy, which includes coverage for assisted reproduction treatment for sub-fertility, subject to terms and conditions.

As described in the insurer's own material:

- It carries a 36-month waiting period from the first inception of the policy for ART coverage
- It covers one assisted reproduction treatment cycle per policy year
- It does not require inpatient treatment to claim this specific benefit (a meaningful detail in ART planning)

The policy also positions itself around broader women's health needs, including maternity-related benefits and preventive health features. What this translates into is the sort of monitoring and care that is needed for women who undergo IVF. This becomes especially relevant because IVF pregnancies often require closer monitoring, carry a higher likelihood of multiple gestation, and may involve neonatal care that extends beyond delivery itself.

Couples also face a structural choice: whether to buy a specialised women-focused product that includes ART, or to opt for a comprehensive health insurance plan that offers ART as part of a broader cover. The distinction matters. A comprehensive policy allows you to build a higher sum insured over time through cumulative or no-claim bonuses. As that sum insured grows, so does your financial flexibility - not just for ART, but for pregnancy-related complications, neonatal care, or unrelated medical events later in life. In that sense, ART coverage should not be viewed in isolation, but as part of a larger risk architecture.

### **The real advantage: optionality**

Planning doesn't remove uncertainty. It gives you room to breathe. And it preserves your options. Fertility journeys can be deeply personal, physically demanding, and emotionally complex. You can't "optimise" your way out of uncertainty. But you can reduce the number of things that remain unknown.

When you understand your fertility baseline early, you gain time. When you align insurance waiting periods with your reproductive timeline, you gain flexibility. When you remove financial shock from the equation, you allow medical decisions to remain medical. Even when life throws curveballs - especially when it does - preparation changes how those curveballs land.

Infertility may never become part of your story. But if it does, planning ensures that biology is not compounded by avoidable financial stress. And in journeys as intimate and uncertain as this one, that distinction matters.