

EMPLOYER ONCOFERTILITY SURVEY REPORT

# Cancer, fertility, and the breakdown between coverage and care

New survey findings from Maven Clinic and Color Health reveal how rising cancer rates in younger adults are exposing critical gaps in cancer care, fertility preservation, and the systems employees rely on when timing matters most.



# Executive summary

Cancer in younger adults is increasingly reshaping how employees experience healthcare, fertility decisions, work, and family building. The profile of cancer in the workforce has changed.

Across industries, employers are seeing more cancer diagnoses among employees during their reproductive years. In many of these cases, fertility preservation and family-building decisions become part of the cancer experience almost immediately. But while the clinical reality has changed, many employer benefits haven't kept up.

New findings from Maven Clinic and Color based on a national survey of more than 250 U.S. HR and benefit leaders at organizations with 1,000+ employees, reveal that many employers are unprepared for the growing intersection of cancer care and fertility decision-making in working-age populations. When seeking support, employees are often met with siloed services, unclear ownership, and systems that struggle to function within real treatment timelines.

The issue is not simply whether benefits exist on paper. It is whether employees can access the right care quickly, understand their options in time, and move through cancer and fertility decisions without delays, confusion, or gaps in care.

#### WHEN EMPLOYEES SEEK SUPPORT, THEY ASK:

- Can I access the right care and expertise quickly?
- Can I understand my options in time?
- Can I move forward without delays or gaps in care?

These gaps have significant implications for clinical outcomes, employee experience, and downstream cost.

For employers, the challenge is becoming harder to ignore. Most employer healthcare models were not designed for moments where cancer treatment, fertility preservation, emotional stress, financial complexity, and urgent clinical timelines collide simultaneously.

This report explores where current systems are breaking down, why timing is central to oncofertility care, and what employers are beginning to recognize about the need for clinically integrated cancer and fertility care models.

# Key findings

What 250+ benefits leaders told us about cancer, fertility, and the systems employees depend on:

**85%**

of benefits leaders report an increase in cancer diagnoses among employees **under 50**

**66%**

say those cancer cases involved **fertility or family-building** considerations

**41%**

have **verified** employees can access fertility preservation quickly after diagnosis

**1 in 3**

employers lack a **formal process** connecting employees to fertility preservation resources

**96%**

believe rising cancer rates in younger adults require a **different benefits approach**

Across the data, one pattern holds: the question is no longer whether support exists somewhere in the system, it is whether employees can reach it fast enough to matter.

# Cancer care is evolving faster than employers are prepared for

For many employees, fertility decisions are no longer separate from cancer treatment. **They are happening at the same time,** often immediately after diagnosis.



# Cancer has become a working-age reality

It has long been treated as a later-life issue. That assumption no longer reflects workforce reality, and it is reshaping what cancer support has to do.

85% of surveyed benefits leaders report seeing an increase in cancer diagnoses among employees under age 50 over the past three years. Among those employers, two-thirds say those diagnoses involved fertility preservation or family-building considerations.

This shift changes the nature of cancer support itself. For many employees, fertility decisions are no longer separate from cancer treatment. They are happening at the same time, often immediately after diagnosis, and frequently under intense emotional and clinical pressure.

That pressure creates a very different healthcare experience than most employer benefits systems were designed to support.

## AFTER A DIAGNOSIS, AN EMPLOYEE MAY SUDDENLY NEED TO:

- understand how treatment could affect fertility,
- evaluate preservation options,
- coordinate appointments across multiple providers,
- understand coverage questions,
- and make decisions quickly enough to avoid delaying treatment.

***All while processing a life-changing diagnosis.***

## Timing is the whole story



Diagnosis

**~2-3 week window**

Fertility preservation must happen here, or future options may close



Treatment must begin

For oncofertility, the clinical timeline does not wait for the benefits ecosystem to catch up. Timing isn't a detail, it determines whether options remain on the table at all.

Unlike many healthcare decisions employees face through employer benefits, oncofertility decisions happen within an extremely narrow clinical window. Delays in referrals, authorizations, education, or coordination can directly affect whether preservation remains possible at all. In some cases, the window for preserving future family-building options may close before employees fully understand what choices are available to them.

Yet many employers still underestimate how directly fertility considerations can influence cancer care decisions. Nearly half of benefits leaders surveyed were unaware that one in five young cancer patients modify their treatment plan after receiving fertility counseling.

#### WHY ONCOFERTILITY IS DIFFERENT

- Fertility preservation decisions happen before or alongside treatment initiation
- Delays can permanently affect future options
- Multiple providers are often involved simultaneously
- Coverage alone does not ensure timely access
- Employees are making high-stakes decisions under acute emotional stress

The question isn't whether an employer offers fertility benefits alongside cancer support. It is whether employees can access clinically integrated cancer and fertility care quickly enough to make informed decisions before treatment begins, while meaningful options still remain available.

#### THE TIMING PROBLEM, IN THREE NUMBERS

# 1 in 5

young cancer patients modify their treatment plan after fertility counseling

# ~2–3 wks

typical window to act on fertility preservation before therapy begins

# 66%

of early-onset cancer cases involve fertility or family-building considerations

**Bottom line:** fertility benefits on paper are not the same as fertility care delivered in time. The differentiator is integrated, oncology-informed access *inside* the treatment window, not after it closes.

# Employers believe support exists. Many have never verified it.

Confidence in oncofertility benefits is widespread. Verification that those benefits actually work within clinical timelines is not.

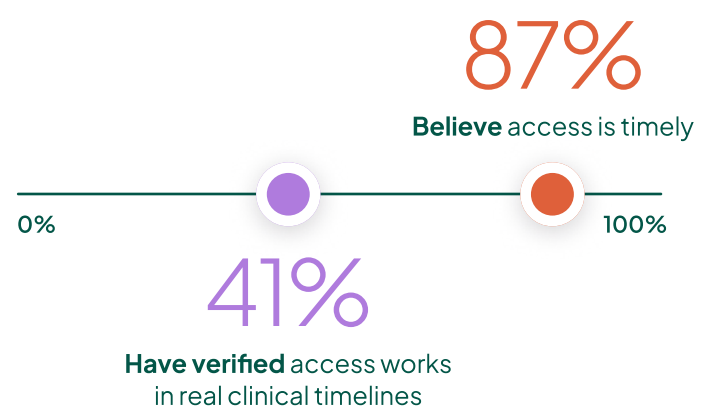
Many employers believe their current benefits are equipped to support employees through cancer-related fertility decisions. The survey findings suggest that confidence is often based on assumption rather than verified real-world performance under clinical timelines.

87% of surveyed benefits leaders expressed confidence that employees could begin fertility preservation quickly after a cancer diagnosis without delays caused by coverage or approvals. Yet only 41% had verified that their benefits actually work within real clinical timelines. Another 46% believed access would be timely but had never confirmed it in practice.

One of the central tensions in the data is that many employers believe support exists because coverage exists somewhere within the system.

## Confidence vs. Verification

Share of benefits leaders, asked whether employees can begin fertility preservation quickly after diagnosis.



The distance between belief and proof is the confidence gap: 46% assume access is timely but have never confirmed it; 13% expect delays outright.

“ The issue is not whether support exists somewhere in the system. It is whether employees can access it quickly enough, and know where to turn, for it to matter. ”


But employees do not experience benefits as coverage documents. They experience them as processes: referrals, approvals, provider availability, scheduling, coordination, communication, and speed.

When cancer treatment and fertility decisions intersect, employees are often left trying to determine where to go, who can help them, and how to move quickly between siloed services before treatment begins.

The gaps become even more visible when employers are asked how employees actually move through the system after diagnosis. One in three employers lacks a formal, documented process for connecting newly diagnosed employees to fertility preservation resources. Even among employers already experiencing significant increases in cancer in younger employees,

In the absence of clear ownership, employers assume oncology teams or health plans will coordinate. In practice, cancer care systems are rarely structured to manage:

- fertility counseling before treatment begins
- preservation decisions with narrow clinical timelines
- coordination between oncology and reproductive specialists
- rapid referrals before therapy initiation
- financial and treatment-related decision support
- clinically integrated cancer and fertility care planning



What emerges is a handoff-heavy experience spread across disconnected vendors, provider groups, and administrative systems. Oncofertility decisions do not allow months to sort through them. The clinical timeline keeps moving regardless of whether the benefits ecosystem is ready.

# The cost signal employers can already see

Most employers can already feel the financial weight of fragmented oncofertility care, even before they can fully measure it.

Employers increasingly recognize that delays, disconnected care, and unmanaged decision-making create workforce and financial consequences.

84% of surveyed benefits leaders believe unmanaged oncofertility contributes to downstream healthcare costs for their organization.

Despite this widespread belief, many still lack a clear understanding of the full downstream financial impact. 26% report never evaluating the cost of fertility treatment after cancer, while 98% of those who have say they still want deeper data and visibility.

This reflects a broader pattern in employer healthcare: organizations can often recognize the problem before they can fully quantify its impact. Traditional reporting structures rarely capture the cumulative effects of care experiences spread across multiple vendors and treatment pathways.

#### THEY RECOGNIZE THAT:

- delayed care increases complexity,
- fragmented systems create inefficiencies,
- unmanaged clinical decisions drive cost,
- and unsupported employees experience worse outcomes.

84%

believe unmanaged oncofertility drives downstream healthcare costs

26%

have never evaluated the cost of fertility treatment after cancer

98%

of those who have evaluated it still want deeper data and visibility

For the fourth year in a row, **cancer is the top driver of healthcare costs for many large employers.**

As diagnoses occur earlier in employees' lives, the workforce implications expand, and oncofertility sits directly at the intersection of these pressures.

Treatment disruption

Emotional stress

Leave complexity

Retention

Family planning

Long-term care

# Employers are ready for a different model, but not all for the same reasons

Recognition is nearly universal. Readiness to act varies, and what motivates action differs sharply from one organization to the next.

The findings make it clear: employers increasingly recognize the current approach is insufficient. 96% of benefits leaders believe rising cancer rates in younger adults require a different type of benefits support. But recognition does not always translate into immediate action.



## WHAT MOVES EMPLOYERS TO ACT ON ONCOFERTILITY

### Acting now → driven by lived experience

- Employee demand
- Unmet workforce needs
- Direct exposure to cancer-related fertility challenges

### Still building the case → driven by external proof

- ROI validation
- Peer benchmarks
- Consultant recommendations
- External proof points

Across both groups, employers aren't asking for more programs layered onto already-complex ecosystems. They want approaches that reduce complexity, create clearer clinical next steps, and connect experiences employees otherwise coordinate on their own.

# What a more connected approach looks like

Not another standalone vendor. **Clinically integrated care** that connects cancer treatment and fertility preservation inside the same timeline.



# What a more connected approach looks like

The issue isn't a lack of fertility coverage or cancer support. It is the absence of clinically integrated care during one of the most time-sensitive moments employees ever face.

Solving that challenge requires clinically integrated models capable of connecting cancer care and fertility preservation within real treatment timelines. A more effective approach needs to ensure employees can:

- 1 Access oncology-informed clinical management immediately after diagnosis.
- 2 Move quickly between cancer care and fertility preservation.
- 3 Receive guidance early enough to influence treatment and fertility decisions.
- 4 Reach fertility specialists with oncofertility expertise when timelines are narrow.
- 5 Experience integrated care across treatment, preservation, emotional health, and logistical needs.

Maven and Color partnered on this research to better understand the breakdowns both organizations see across cancer care, fertility preservation, and workforce healthcare, and how those gaps affect employees when timing matters most.

# Two clinical models, built to connect

Supporting employees effectively requires clinically integrated models capable of managing cancer and fertility decisions together rather than separately.



## ONCOLOGIST-LED CANCER MANAGEMENT

An oncologist-led clinical team that identifies cancer risk, intervenes early, supports treatment decisions, and delivers direct clinical management across the entire cancer journey.

**66%**

faster time to diagnosis

**77%**

increase in screening adherence

**\$23K**

saved per patient in active treatment

**2.8:1**

ROI in year one



## END-TO-END WOMEN'S & FAMILY HEALTH

An end-to-end, human-led care model integrating fertility preservation, family-building, emotional care, and longitudinal clinical management – from diagnosis through survivorship.

**\$9,600**

saved per birth

**27%**

lower NICU admission rates

**15%**

lower C-section rates

**25K+**

pregnancies supported

Together, members gain immediate access to a multidisciplinary virtual team.

Oncologists

Fertility specialists

Mental health providers

Dietitians

Care advocates

Cancer care decisions affect **fertility decisions**



Fertility decisions affect **treatment decisions**



Emotional stress affects **care engagement**

The organizations best positioned for the future will be those that stop treating cancer, fertility, emotional support, and clinical care as separate silos, and design them around how employees actually move through healthcare decisions in real life.

# The path forward will be defined by collaboration

The difference between coverage and clinically integrated care becomes impossible to ignore **when cancer, fertility, and timing collide.**



# The future of cancer and fertility support will be defined by collaboration

The rise in cancer in younger adults is changing what employees need from healthcare benefits, and what employers must be prepared to deliver.

Many organizations are entering a new phase of workforce healthcare where cancer care increasingly intersects with fertility preservation, family building, emotional wellbeing, and long-term outcomes.

At the same time, the survey reveals a growing disconnect between confidence and reality. Many employers believe support exists. Far fewer have validated whether employees can actually access it within the timelines cancer care requires.

As healthcare grows more specialized and employee expectations continue evolving, disconnected systems become harder to defend.

**The issue is no longer simply whether coverage exists somewhere within the healthcare system. It is whether employees can:**

- understand their options quickly,
- access clinically integrated cancer and fertility care rapidly,
- and move through complex decisions without fragmentation, at the exact moment clarity matters most.

**When cancer, fertility, timing, and treatment decisions collide, the difference between coverage and clinically integrated care becomes impossible to ignore.**

TAKE THE NEXT STEP

## Ready to address oncofertility in your population?

Reach out to the Maven and Color teams to explore a clinically integrated approach to cancer and fertility care for your workforce.



# About the survey

## METHODOLOGY

A survey of 253 U.S. HR and benefits leaders at organizations with 1,000+ employees conducted in 2026.

## RESPONDENT SNAPSHOT

55%

Director-level

29%

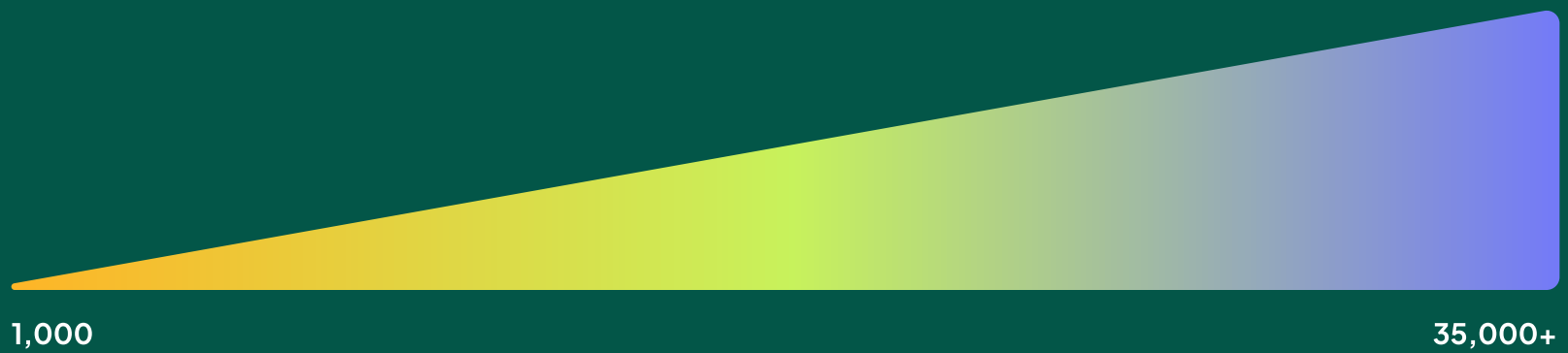
C-suite

95%

HR / Benefits leader

## ORGANIZATION SIZE

Employees



**color** | **MAVEN**

Combining oncologist-led cancer management with comprehensive fertility and family health — so employees can move through cancer and fertility decisions together, not separately.

[COLOR.COM](https://color.com)

[MAVENCLINIC.COM](https://mavenclinic.com)