Cost of fertility treatments: IVF and IUI overview

Why fertility treatment costs are hard to predict

Fertility care is not priced like a single appointment. It is a sequence of evaluation, monitoring, medication, procedures, laboratory services, and follow-up. Some people need only ovulation tracking and a relatively simple insemination cycle; others need advanced laboratory fertilization, embryo culture, cryopreservation, or donor eggs or sperm. Even within the same diagnosis, two patients may have different medication doses, monitoring schedules, and numbers of cycles.

Costs also depend on the healthcare system. In some regions, eligible patients may receive publicly funded IVF or partial reimbursement; in others, fertility treatment is largely private-pay. The NHS, for example, describes IVF as a treatment pathway that may be accessed through public funding depending on local eligibility rules, while private treatment can involve separate fees. In the United States, fertility coverage varies by state, employer plan, diagnosis, and whether a clinic or pharmacy is in network.

Another challenge is terminology. A clinic may advertise a base IVF cycle price, but that price may exclude medications, anesthesia, genetic testing, embryo freezing, frozen embryo transfer, or storage fees. A lower initial quote

may not be cheaper if essential services are billed separately. Asking for a written, itemized estimate is one of the most useful steps before beginning treatment.

IUI: what the procedure includes and what affects cost

Intrauterine insemination, or IUI, places prepared sperm directly into the uterus around ovulation. It is commonly considered when there is unexplained infertility, mild male-factor infertility, ovulatory dysfunction that responds to medication, cervical-factor concerns, or use of donor sperm. It is usually much less invasive and less expensive than IVF because fertilization still occurs inside the body and there is no egg retrieval or embryology laboratory fertilization.

A basic IUI cycle may include cycle planning, ultrasound monitoring, ovulation prediction or a trigger injection, semen collection and sperm washing, and the insemination procedure. Some cycles are unmedicated; others use oral ovulation induction medications or injectable gonadotropins. Medication choice can change cost and also affects medical risks, including the chance of multiple pregnancy.

Common IUI cost components include:

Initial fertility evaluation, which may include ovarian reserve testing, tubal assessment, semen analysis, infectious disease screening, and preconception labs.
Cycle monitoring with blood tests and transvaginal ultrasound.
Ovulation medications or a trigger injection, if used.
Sperm preparation, often called sperm washing.
The insemination procedure itself.
Donor sperm purchase, shipping, storage, and required documentation if donor sperm is used.

Mayo Clinic notes that IUI is typically less costly than IVF, but the exact expense depends on medications, monitoring, and the number of attempts. Because success per cycle is usually lower than IVF for many indications, patients and clinicians often discuss how many IUI cycles are reasonable before moving to IVF. That decision should be individualized, particularly for people in their late 30s or 40s, those with diminished ovarian reserve, significant male-factor

infertility, bilateral tubal disease, or endometriosis.

IVF: why the base price is only part of the total

In vitro fertilization, or IVF, involves stimulating the ovaries to mature multiple follicles, retrieving eggs with a transvaginal procedure, fertilizing eggs in a laboratory, culturing embryos, and transferring an embryo into the uterus or freezing embryos for later transfer. Because IVF combines medication-intensive stimulation, a procedure, anesthesia or sedation, and sophisticated embryology laboratory services, it is typically much more expensive than IUI per cycle.

The total IVF cost often includes several categories:

Pre-IVF evaluation and consultation, including infectious disease testing, uterine cavity assessment, semen analysis, and ovarian reserve assessment.
Ovarian stimulation medications, which may be one of the largest variable expenses.
Monitoring visits with ultrasound and estradiol or other blood tests.
Egg retrieval, often including procedure room, physician, nursing, and anesthesia fees.
Fertilization and embryo culture in the laboratory.
Embryo transfer, either fresh or frozen depending on the treatment plan.
Cryopreservation and annual storage of embryos, eggs, or sperm.

Consumer-facing cost breakdowns, such as those summarized by Carrot Fertility, often describe IVF as a base cycle cost plus additional expenses such as medications, ICSI, preimplantation genetic testing, cryopreservation, and frozen embryo transfer. These services can be clinically appropriate in some situations, but they are not automatically necessary for every patient. Your reproductive endocrinologist should explain the medical rationale, expected benefit, risks, and cost before any add-on is chosen.

Common IVF add-ons and variable expenses

Several services can significantly change the final IVF bill. Some are central to care for certain diagnoses; others are optional or situation-dependent. The key is to distinguish what is medically indicated from what is available but

not essential.

ICSI: Intracytoplasmic sperm injection involves injecting a single sperm into an egg. It is often used for significant male-factor infertility, previous fertilization failure, or certain cases using frozen or surgically retrieved sperm. It may be billed separately from standard insemination of eggs.
Preimplantation genetic testing: PGT involves biopsy of embryo cells and genetic analysis. It may be considered for known inherited conditions, chromosomal rearrangements, recurrent pregnancy loss, or age-related aneuploidy counseling, but it adds laboratory and testing costs.
Embryo freezing and storage: Many IVF cycles now use cryopreservation, especially when embryos are stored for future transfer or when a frozen transfer is medically preferred. Storage usually has recurring annual fees.
Frozen embryo transfer: If embryos are frozen, the later transfer cycle has its own monitoring, medication, thawing, and transfer costs.
Donor eggs, donor sperm, or gestational carrier arrangements: These can greatly increase expense because of donor screening, agency or bank fees, legal services, compensation rules, medications, and coordination.
Anesthesia and facility fees: These may or may not be included in a quoted retrieval price.

Medication expenses vary widely because stimulation protocols are tailored to ovarian reserve, expected response, body weight, prior cycle outcomes, and safety considerations. A patient with a low expected ovarian response may need a different medication strategy than someone at high risk for ovarian hyperstimulation syndrome. Medication substitutions should never be made without the fertility team’s guidance.

Comparing IUI and IVF: per-cycle cost versus value

It is natural to compare IUI and IVF by price per cycle, but financial planning should also consider the probability of success and the number of cycles likely needed. IUI generally costs less upfront. However, if several IUI cycles are attempted without pregnancy, cumulative expenses can become substantial, and time may be an important factor for patients with age-related fertility decline.

IVF typically costs more per attempt but may offer higher per-cycle pregnancy rates for some diagnoses, especially when tubal disease, severe male-factor

infertility, or a need for genetic testing is present. The most financially sensible pathway may differ for a 29-year-old with ovulatory dysfunction, a 36-year-old with unexplained infertility, and a 40-year-old with diminished ovarian reserve. Cost-effectiveness is therefore closely tied to prognosis, not just sticker price.

When discussing options, ask your clinician to frame the decision around expected live birth rates, not only pregnancy test positivity. Miscarriage risk, multiple pregnancy risk, embryo availability, and the chance of cycle cancellation also influence the real-world cost of reaching a healthy singleton pregnancy.

Insurance, public funding, financing, and employer benefits

Coverage for fertility treatment is highly variable. Some insurance plans cover diagnostic testing but not treatment. Others cover IUI but not IVF, or they may require a specified number of IUI cycles before IVF authorization. Some plans cover medications under a separate pharmacy benefit, which may have different deductibles, prior authorization rules, and specialty pharmacy requirements.

If public funding is available, eligibility may depend on age, prior children, duration of infertility, body mass index, smoking status, relationship status, or local commissioning rules. In private systems, employer-sponsored fertility benefits may cover a dollar amount, a number of cycles, medication, genetic testing, donor services, or fertility preservation. Read the fine print carefully: a benefit that sounds generous may exclude medication or require use of a specific clinic network.

Financing options may include payment plans, medical loans, health savings accounts, flexible spending accounts, grants, refund or shared-risk programs, and employer fertility benefits. These options can help with timing of payment, but they do not eliminate medical uncertainty. Before signing any financing or refund agreement, review cancellation rules, age limits, embryo transfer requirements, refund exclusions, and what happens if you stop treatment for medical or personal reasons.

Questions to ask before starting a cycle

Clear questions can prevent painful financial surprises. Consider bringing a written list to the clinic’s financial counselor and asking for answers in writing when possible.

What is included in the quoted IUI or IVF cycle price, and what is billed separately?
Are baseline tests, monitoring, anesthesia, sperm preparation, embryo culture, transfer, and follow-up included?
What is the expected medication range for my protocol, and which pharmacy should I use?
What add-ons are medically recommended in my case, and what is the evidence-based reason for each?
What are the costs for cycle cancellation, failed fertilization, no embryos available for transfer, or conversion from IVF to IUI?
How much are embryo freezing, thawing, frozen embryo transfer, and annual storage?
Does my insurance require prior authorization, step therapy, or use of an in-network laboratory or pharmacy?
What happens financially if I need more than one cycle?

It can also help to request clinic-specific outcome data for patients with a similar age and diagnosis. A low-cost clinic is not automatically poor quality, and a high-cost clinic is not automatically superior. Transparent pricing, careful counseling, laboratory quality, safety practices, and appropriate individualized care all matter.

Planning emotionally and financially

The cost of fertility care is not only financial. People often describe the process as a mixture of hope, grief, decision fatigue, and pressure to make the "right" choice quickly. If costs feel overwhelming, that does not mean you are less committed to becoming a parent. It means fertility care is expensive and often structurally difficult to access.

Practical planning can reduce some of the stress. Many patients find it helpful to set a treatment budget, decide in advance how many cycles they are prepared to attempt, discuss stopping points with their clinician, and identify emotional support early. Counseling, peer support groups, and fertility

navigators can be valuable, especially when decisions involve donor gametes, embryo disposition, genetic testing, or financing.

Most importantly, avoid judging your path by someone else’s timeline or outcome. IUI, IVF, donor conception, adoption, living child-free, or pausing treatment can all be valid choices depending on your medical situation, values, finances, and wellbeing.