

## Maximizing Your Insurance Coverage for Infertility

Important information to help  
you get all the benefits you  
are entitled to




One in a series of educational booklets developed by EMD Serono  
to advance the understanding of reproductive health.

EMD Serono Reproductive Health  
*with you every step*

# EMD Serono Reproductive Health *with you every step*

This is one in a series of booklets on reproductive health issues:

- Insights into Fertility
- Ovulation Induction
- Assisted Reproductive Technologies
- Infertility: The Male Factor
- Infertility: The Emotional Roller Coaster
- Maximizing Your Insurance Coverage for Infertility



*EMD Serono is pleased to bring you **Maximizing Your Insurance Coverage for Infertility**, one of several booklets in the EMD Serono Patient Education Series, provided to educate and support patients in their efforts to overcome infertility. We hope you will find it a helpful and valuable resource.*

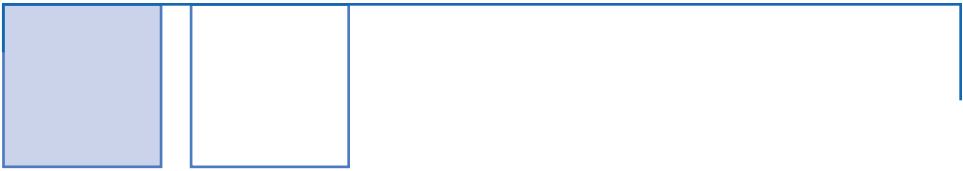
## **Table of Contents**

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Introduction . . . . .	1
Understanding Your Insurance Policy . . . . .	2
Understanding Infertility Diagnosis and Treatment . . . . .	6
Assessing Your Fertility Drug Coverage . . . . .	8
Being Your Own Advocate . . . . .	9
Gaining Approval in Advance . . . . .	10
Appealing a Denial . . . . .	11
Supplementing Your Insurance Benefits . . . . .	13
Glossary of Medical Terms . . . . .	14
Glossary of Health Insurance Terms . . . . .	17
Appendix – Sample Letters . . . . .	20

*This booklet contains information about infertility and insurance coverage. It is intended for educational purposes only and is not meant to substitute for professional medical or legal advice, a review and evaluation of your insurance policy, or a review and evaluation of applicable insurance law. You should make decisions regarding your healthcare in consultation with a physician who understands your specific situation. Always talk to your physician about possible precautions, warnings, and contraindications before beginning any medical treatment, and refer to patient leaflet and/or full prescribing information.*

*EMD Serono is the maker of Gonal-f® (follitropin alfa for injection), Cetrotide® (cetorelix acetate for injection), Ovidrel® PreFilled Syringe (choriogonadotropin alfa for injection), and Serophene® (clomiphene citrate tablets, USP).*

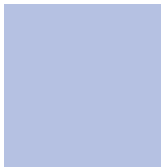


## Introduction

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If you are one of the millions of people facing fertility problems, there has never been a better time to seek treatment. Advances in medical science over the last two decades have given new hope to infertile couples and have improved their chances of achieving conception. And there has never been a better time to seek reimbursement. Although coverage is by no means universal, a growing number of insurers offer benefits for infertility treatments. In fact, a number of states have enacted some form of infertility insurance legislation, and more may follow. However, these benefits are not always clearly defined and the language used in insurance policies can be confusing, making it difficult to understand what benefits you actually have.

That's why it is important for you to be an advocate for yourself. This booklet will give you some helpful tips on working with your insurer. The information should help you better understand insurance coverage for infertility treatment so that you can receive all the benefits to which you are entitled.



## Understanding Your Insurance Policy

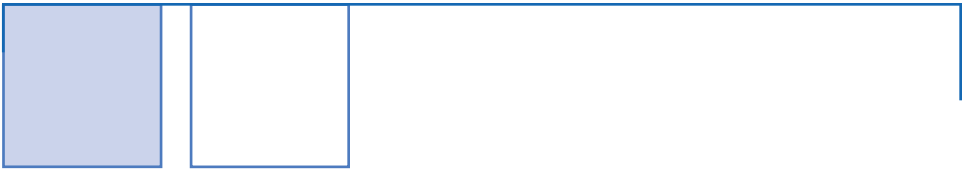
Insurance policies come in two forms. The first is the actual contract, which is generally not provided to you unless you request it. The second is the summary plan description, which provides a brief summary of benefits and is usually provided when you enroll in an insurance plan.



The first thing you'll need to do is request a copy of the actual contract. If you are unable to obtain the contract, request the summary plan description if you don't already have it. You can obtain these documents from the employer who issued the contract or, if you are not insured through an employer, from your insurance agent or insurance company.

The contract is a legal document written in very specific language. It can be used to determine precisely what is covered and what is not. For example, if the contract reads, "no coverage for artificial insemination," the insurance company may argue that this is meant to include all assisted reproductive technologies. However, if this is not explicitly written, a fair interpretation could be that other assisted reproductive technologies *are* covered.

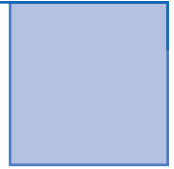
The summary plan description provides a general explanation of your plan and benefits. For example, it will tell you if you are enrolled in an HMO, PPO or indemnity plan. Generally, HMOs are the least costly plans and have more limited coverage. That is, there are more restrictions and you may be expected to pay more when you receive services. One common restriction is that many HMO plans will require you to see an OB/GYN before you can see a specialist like a reproductive endocrinologist.



Here is some of the information you will want to look for as you read through your contract (glossaries of insurance terms and medical terms related to fertility treatment are provided in the back of this booklet):

## Medical Benefits

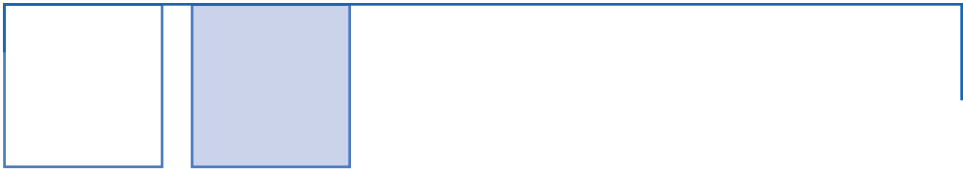
- What is the definition of infertility in the contract?
- What coverage is listed?
- What procedures require preauthorization?
- Are there restrictions on the type of healthcare provider who can perform infertility services?
- What limits, if any, apply to your coverage?
  - Number of treatment cycles
  - Number of procedures
  - Number of months of therapy
  - Number of embryo transfers
  - Age of the patient
- What is the maximum dollar limit on benefits?
- Is the maximum dollar benefit lifetime or annual?
- What is the coinsurance or copayment for medical services?
- What procedures are listed in the Exclusions section?



## Pharmacy Benefits

- Is there drug coverage?
- Are infertility drugs covered under the pharmacy benefit or medical benefit?
- What is the coinsurance or copayment for drug coverage?
- What prior authorization policies are in effect for drugs?
- Are there 30-day drug prescription limits for infertility drugs?
- Does the plan pay for self-administered subcutaneous, under the skin injection (SQ) and/or oral (PO) drugs?
- Does the plan pay for intramuscular (IM) drugs?
- Are there discounts for mail order drugs?
- Are infertility specialists encouraged to prescribe one drug over another?
- Can you get a drug that is not a preferred drug on formulary? Can you get a drug that is not covered?
- If so, are you expected to pay a higher copayment or coinsurance or pay for it completely? And what is that amount compared to the preferred drug copayment or coinsurance?





*It is also helpful to record the following information:*

- Insurance Company Name
- Policy Identification Number
- Insurance Company Patient Representative/Contact Person
- Insurance Company Phone Number
- Insurance Company Fax Number
- Insurance Company E-Mail Address
- Insurance Company Web Site

### **Sources of Information**

1. Most insurance plan web sites have Members sections where you can get information on your coverage for medical procedures and fertility medications.
2. Call the Member Services phone number to request written information.
3. Some fertility clinics and pharmacies offer an insurance evaluation as part of their services.

### **Get It in Writing**

On important matters, it is wise to deal with your insurer in writing, not on the phone. This will give you documentation that may prove valuable if there are any claim disputes.



## Understanding Infertility Diagnosis and Treatment

In order to understand infertility insurance benefits, it helps to become familiar with fertility tests and treatments.

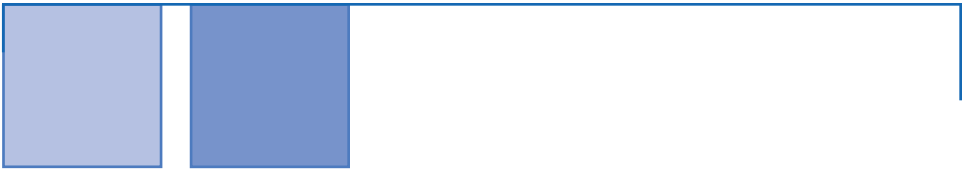
Infertility is usually defined as the inability of a couple to achieve pregnancy after a year of regular, unprotected intercourse (six months if the woman is over 35), or the inability to carry a pregnancy to live birth. Typically, if a couple suspects that they have a fertility problem, their first step is to consult with a primary care physician or OB/GYN. You may also choose to see a fertility specialist, such as a reproductive endocrinologist.

The doctor's first step will probably be to conduct a complete medical history and physical exam. Both partners should be examined because male factors and female factors are equally likely to cause infertility.<sup>1</sup>

In women, ovulatory problems, endometriosis, scarring on the fallopian tubes, or problems with cervical mucus are common causes of infertility. In men, varicoceles (varicose veins in the scrotal sac), infection, blockages, or hormonal imbalances can lead to sperm problems.

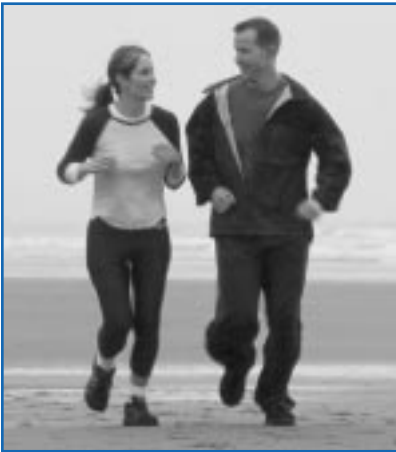
Many of these problems, including endometriosis, fallopian tube scarring, varicoceles, and blockages, can be corrected surgically. Your insurance policy may cover this surgery even if it excludes other types of infertility coverage.

Ovulatory problems are often treated with medications in a process called ovulation induction (OI). Many OB/GYNs or reproductive endocrinologists begin with a medication called clomiphene citrate. Most women who begin ovulating with clomiphene citrate do so in the first month of treatment. Three to four months is considered the usual and customary time period to judge whether this type of treatment can be successful.



If you do not respond to clomiphene citrate, your doctor may try to induce ovulation with a hormone medication such as follicle stimulating hormone (FSH). (Hormone medications can also be prescribed to men with hormonal problems.) FSH is usually prescribed by a reproductive endocrinologist who is experienced in treating infertility.

Another treatment, which may be conducted separately or combined with ovulation induction, is intrauterine insemination (IUI). In this procedure, the doctor places sperm directly into a woman's uterus around the time of ovulation. IUI can help overcome problems with sperm count or cervical mucus.



Finally, if you do not achieve pregnancy with ovulation induction or IUI, your doctor may suggest assisted reproductive technologies such as in vitro fertilization (IVF). In IVF, hormonal medications are used to induce ovulation. Then, eggs and sperm are collected and placed together in a laboratory. If the eggs are successfully fertilized in the lab, they are transferred into the woman's uterus. Ideally, one of the fertilized eggs will implant and develop, just as in a routine pregnancy.



## Assessing Your Fertility Drug Coverage

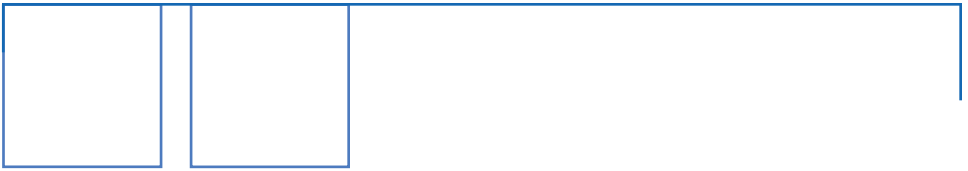
Coverage for fertility treatment medication can be a separate issue from coverage for medical procedures. Having health insurance does not guarantee fertility medications are covered, even if you have prescription coverage. This depends on the limits and the scope of your prescription coverage. At the same time, you could have a drug benefit and not be covered for certain medical procedures. So, it is important to understand exactly what is covered under your policy.

Keep in mind that insurers can specify different limitations for fertility medication prescriptions, such as requiring your reproductive endocrinologist to submit a request for approval of these services beforehand. In addition, an insurer may exclude certain drug use with certain procedures or exclude fertility medications completely. They may also limit the number of cycles you are eligible to have covered.

If fertility drugs are covered, you need to know what your out-of-pocket expenses will be for each drug used in your treatment. If your coverage specifies a copayment, your expense may be about \$15 to \$50 for each drug. If it specifies coinsurance, you will be expected to pay for a percentage of the overall drug treatment costs.

### **Be Specific**

If your contract does not specify your drug coverage, you will want to find out exactly what prescriptions are covered. You can write to your insurer about obtaining prior approval for these medications. A sample letter regarding drug coverage is provided in the appendix of this booklet.



## Being Your Own Advocate

Learning all you can about your own contract and insurance company procedures will help you work with your insurer if issues arise with your claims.

### How claims are reviewed

Insurance companies look at the “what” and the “why” of claims. The “what” explains the particular test or treatment.

The “why” is the reason the test or procedure was performed. Based on these two things, insurance companies make a decision to approve or deny the claim.

The “what” is represented on your claim by a billing code known as a CPT code. These come from the American Medical Association and allow the physician to document what services were performed so the claim can be easily processed. The “why” is represented by an ICD-9 code, which tells the insurance company the doctor’s diagnosis of your condition and why the test or procedure was warranted.

Insurance companies use CPT and ICD-9 codes to evaluate medical claims. If they don’t agree with the “what” or the “why,” they may deny payment.

### How to use the codes to your advantage

Knowing what codes are being used helps avoid improper coding that could affect your reimbursement. In order to improve the chances for coverage, your doctor may break down a procedure into components. For example, in vitro fertilization could be divided into codes for egg retrieval, hormonal therapy, ultrasound, laboratory analysis, etc. This is helpful because some of these components may be covered as a general rule, even if the IVF procedure is not.



## Gaining Approval in Advance

One of the most important ways to be certain about your insurance benefits is to get a commitment for coverage *before* you start treatment or have a procedure. This is called preauthorization or predetermination.

You can contact your insurance company in writing to request a written determination of your exact coverage amount prior to any procedure. (A sample letter is included in the back of this booklet for you to use as a reference.) Here are the elements that are important to include:

- Will the procedure be reimbursed under your present coverage?
- If yes, are there any limits on the coverage (in dollars or number of attempts)?
- If no, are any elements of the procedure reimbursed (such as ultrasound, laboratory tests, prescriptions, etc.)?
- If a procedure has already been denied, ask for the exact section in your contract that supports the denial (the section would have to specify excluded charges and the date the exclusion was added to the contract).

### **Demand a Response (Be Persistent)**

If your written predetermination request is not answered within two weeks, call your insurance company (and document the time/date of the call). If another week passes, send your request by certified mail to the insurance company ombudsman (an official who intercedes on customer issues). If this fails to bring a response, write to your state insurance commissioner directly.

## Appealing a Denial

If your claim is denied, don't be discouraged. Resubmissions are common and you should plan to appeal. The key is to be prepared to address the issues that led to the denial. Don't hesitate to insist on receiving an explicit reason for the denial. The more specific information you have, the better you will be able to respond to the carrier's request. Look at the explanation of medical benefits and the reason why something was denied. Here are some examples of denials and suggested responses:

### Denial: "Not medically necessary"

#### Response:

- Check with your infertility provider to make sure the correct billing codes were used.
- Resubmit your claim with a letter from your doctor documenting the appropriate nature of the procedure/service as a treatment for a specific condition.

### Denial: "Experimental procedure"

#### Response:

- Check with your infertility provider to make sure the correct billing codes were used.
- Resubmit your claim with a letter from your doctor documenting that the procedure is not experimental and is supported by the American College of Obstetricians and Gynecologists and/or the American Society for Reproductive Medicine.

### Denial: "Excluded procedure"

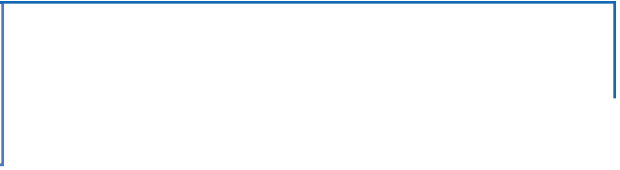
#### Response:

- Check with your infertility provider to make sure the correct billing codes were used.
- Ask your doctor to break down the components of the procedure (such as blood work, ultrasounds, etc.) into specific billing codes. This may help get at least a portion of the services reimbursed.

If you do not receive a satisfactory response, you have the right to ask that a person at a higher level of authority review your claim. Under certain circumstances, you can also appeal to your state insurance commissioner to intervene on your behalf. Be sure to determine how much time the insurer gives you to resubmit claims and/or appeal, and work within those guidelines.

### *Don't Get Discouraged*

Advocating for your fertility coverage can become frustrating if you're faced with paperwork, bureaucracy, and delays. At these times, it's important to remember your rights and your goals. Being persistent will be worth the effort.



## Supplementing Your Insurance Benefits

For the costs not covered by insurance, you might consider some alternative paths to financing your treatment:

**Income tax deductions.** If your medical expenses exceed 7½% of your adjusted gross income and if you itemize on your income taxes, you may be able to deduct those expenses. A tax advisor or accountant can determine whether this applies to you. Your good record keeping regarding interactions with the insurance company and your doctor (letters of denials, explanation of benefits, bills, etc.) will help enormously in this process.

**Credit cards.** Most infertility programs accept payment by a number of different credit cards.

**Loans.** A bank loan may provide you a better interest rate than a credit card. A personal loan from a friend or family member may provide greater flexibility.

**Financing plans.** Many infertility programs offer financing plans to assist you in paying for your infertility services over time.

### Keep a Record

Keep a copy of all documents pertaining to your treatment and coverage including invoices, payment receipts, insurance claims and denials, letters, and a written log of names, times and dates of any phone conversations with insurance representatives.



## Glossary of Medical Terms

Here are some terms you may encounter while advocating for your fertility coverage.

**Artificial Insemination (AI):** The depositing of sperm in the vagina near the cervix or directly into the uterus, with the use of a catheter instead of by sexual intercourse. This technique is used to overcome sexual performance problems, to avoid sperm-mucus interaction problems, to maximize the potential of poor semen, and for using donor sperm.

**Assisted Reproductive Technologies (ART):** A variety of procedures used to bring about conception without sexual intercourse, including IVF and GIFT.

**Egg retrieval:** A procedure used to obtain eggs from ovarian follicles for use in in vitro fertilization. The procedure may be performed during laparoscopy or through the vagina by using a needle and ultrasound to locate the follicle in the ovary.

**Embryo:** Term used to describe the early stages of fetal growth, from conception to the eighth week of pregnancy.

**Embryo transfer:** Placing an egg fertilized outside the womb into a woman's uterus or fallopian tube.

**Fallopian tubes:** Ducts through which eggs travel to the uterus once released from the follicle. Sperm normally meet the egg in the fallopian tube, the site at which fertilization usually occurs.



**Fertility specialist:** A physician specializing in the practice of fertility. The American Board of Obstetrics and Gynecology certifies a subspecialty for OB/GYNs who receive extra training in reproductive endocrinology (the study of hormones) and infertility.

**Fertility treatment:** Any method or procedure used to enhance fertility or increase the likelihood of pregnancy, such as ovulation induction treatment, varicocele repair (repair of varicose veins in the scrotal sac), and microsurgery to repair damaged fallopian tubes. The goal of fertility treatment is to help couples have a child.

**Follicle Stimulating Hormone (FSH):** A pituitary hormone that stimulates follicular development and spermatogenesis (sperm development). In the woman, FSH stimulates the growth of the ovarian follicle. In the man, FSH stimulates the Sertoli cells in the testicles and supports sperm production. Elevated FSH levels are associated with gonadal failure in both men and women.

**Gamete Intrafallopian Transfer (GIFT):** After egg retrieval, the eggs are mixed with sperm and then placed, using a minor surgical procedure (laparoscopy), into the woman's fallopian tubes for in vivo fertilization.

**Infertility:** The inability to conceive after a year of unprotected intercourse (six months if the woman is over age 35) or the inability to carry a pregnancy to term.

**Intrauterine Insemination (IUI):** A procedure in which a doctor places sperm directly into the uterus through the cervix using a catheter.



**In Vitro Fertilization (IVF):** Eggs produced by administering fertility drugs are retrieved from the woman's body and fertilized by sperm in a laboratory. The resulting embryos are transferred by catheter to the uterus.

**Laparoscopy:** Examination of the pelvic region by using a small telescope called a laparoscope.

**Luteinizing Hormone (LH):** A pituitary hormone that stimulates the gonads. In the man, LH is necessary for spermatogenesis and for the production of testosterone. In the woman, LH is necessary for the production of estrogen.

**Oocyte:** The egg.

**Ovulation Induction:** Drug treatment performed to initiate ovulation.

**Reproductive Endocrinologist:** A physician specializing in the practice of fertility. The American Board of Obstetrics and Gynecology certifies a subspecialty for OB/GYNs who receive extra training in endocrinology (the study of hormones) and infertility.

**Sperm:** The microscopic cell that carries the male's genetic information to the female's egg; the male reproductive cell; the male gamete.

**Sperm count:** The number of sperm in an ejaculate. Also called sperm concentration and given as the number of sperm per milliliter.

**Sterilization:** A surgical procedure such as tubal ligation or vasectomy designed to produce infertility.

**Tubal ligation:** Surgical sterilization of a woman by obstructing or "tying" the fallopian tubes.

**Ultrasound:** A test used instead of X-rays to visualize the reproductive organs; for example, to monitor follicular development.

**Vasectomy:** Surgical sterilization of a man by blocking the vas deferens (the duct that transports sperm from the testicles to the penis).



## Glossary of Health Insurance Terms

Here are some terms you may encounter when corresponding with your insurer or reading your contract.

**Administration fees:** Physician's charges for injecting or administering a medication as part of a treatment program.

**Allowable or maximum limit:** The most an insurer will pay toward a given procedure or service.

**Allowed charges:** Charges for services rendered or supplies furnished by a healthcare provider.

**Benefit:** Amount payable by the insurance company when an insured person receives a procedure or treatment covered by the policy.

**Coding:** Process used to provide uniform language that accurately describes medical, surgical, diagnostic, and treatment procedures, thus providing an effective means for reliable communication among physicians, patients, and insurers.

**Coinsurance:** Percentage of the covered expense, after the deductible is paid, that must be paid by the insured person. Some policies pay 100% to a specified dollar amount, then coinsurance begins; others begin with coinsurance up to a specified amount.

**Contract:** Binding agreement between two or more parties for doing or not doing certain things. A contract of insurance is embodied in a written document usually called a policy.



**Copayment:** Payment made under a cost-sharing arrangement whereby an insured or covered person pays a specified amount per service or per time, and the insurer pays the remainder of the cost.

**Deductibles:** Initial portion of a covered expense that must be paid by the insured person before the insurance policy pays for its part of the expense. Some insurance companies have an annual deductible, payable once a year. Others use a per visit deductible.

**Denial:** Refusal of a payor (insurer) to cover a particular benefit, such as a drug or medical service.

**Exclusions:** Specific conditions or circumstances for which the policy will not provide benefits.

**Formulary:** A list of drugs covered under a particular insurance policy. Some insurance policies have tiered formularies, under which certain “preferred” drugs require lower copayments than other drugs on the formulary.

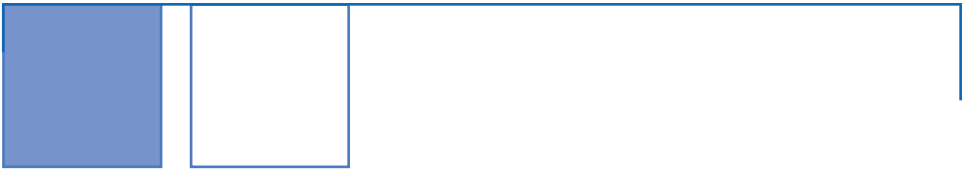
**Health Maintenance Organization (HMO):** Organization that provides a wide range of comprehensive health care services for a specified group at a fixed periodic pre-payment.

**Indemnity plan:** A type of health care plan that provides major medical insurance coverage including diagnosis and/or treatment of illness, injury, or medical conditions.

**Infertility insurance mandate:** Law requiring insurers to provide coverage for infertility.

**Infertility insurance mandate to offer:** Law requiring insurers to offer coverage, which employers may or may not choose to purchase.

**Lifetime maximums:** Insurance companies often specify a limit in the amount they will pay for any single person's medical bills or for any specific illness.



**Major medical plan:** Health insurance designed to cover the expense of major illness or injury.

**Policyholder:** Owner of the insurance policy; the insured individual.

**Preauthorization:** Prior approval to perform proposed services, authorizing coverage for those services, given to a provider by an insurer.

**Predetermination:** See “preauthorization.”

**Pre-existing conditions:** Any physical and/or mental condition or conditions of an insured individual that exist prior to the effective date of coverage.

**Preferred provider organization (PPO):** Mode of health care delivery through which a sponsoring group negotiates price discounts with providers in exchange for more patients. The sponsor may be an insurer, employer, or third-party administrator.

**Premium:** Periodic payment required to keep a policy valid and active.

**Reimbursement:** Payment of the actual charges incurred as a result of an accident or illness, but which may not exceed any maximums specified in the insurance plan.

**Request for predetermination of benefits:** Request, submitted before treatment, from a provider to an insurer for indication of the amount of coverage available for a procedure or procedures.

**Rider:** Document that modifies or amends an insurance contract.

**Summary plan description:** Abridged version of a contract, usually the document provided to an insured individual by an employer.



## Appendix – Sample Letters

Here are four examples of letters that can be personalized and used in your correspondence with either your employer or insurance carrier.

- **Letter from physician to employer** used to encourage your employer to offer coverage
- **Letter from employee to employer** used to encourage your employer to offer coverage
- **Predetermination of benefits** used to gain prior approval for treatment
- **Predetermination of benefits (specific to drug coverage)** used to gain prior approval for prescriptions

Wherever you see notes in parentheses, you can fill in the information that pertains to your situation. It's a good idea to ask your employer if there is a contact person at the insurance company. Send your letter to that person. If you do not have a response in two to three weeks, call the contact person for an update.



## Letter from physician to employer

(Date)

(Name), Director of Human Resources (or other person responsible for benefits)

(employing company's name and address)

Dear (Director of Human Resources Name):

I am currently treating one of your employees for infertility. As we discussed appropriate therapeutic options, we discovered that your company has decided, knowingly or unknowingly, not to cover fertility therapy.

Many companies design a "family-oriented" benefits package that includes fertility therapy. However, since fertility therapy is rare compared to many other medical conditions, a fertility benefit often goes overlooked or misunderstood.

Adding a fertility benefit is not as expensive as you may think. There are many creative ways to effectively design the benefit to help your employee, while minimizing costs. In fact, costs are often offset with lower turnover, higher attendance, improved job performance and recruitment/retention of quality employees. There are many other issues related to fertility therapy and costs that are beyond the scope of this letter.

Enclosed is a list of some local companies that offer a fertility benefit. (Include list, if available.) Additionally, as a (board certified) Reproductive Endocrinologist, I may be able to help or have access to resources that can help you design a good fertility benefit.

If you wish to help your current employee/my current patient, just call me. I hope that when your current health benefits contract comes up for renewal, you will consider a fertility benefit that helps your employees who bear the entire financial and long-term emotional costs associated with fertility therapy.

Sincerely,

(your physician's name)  
Reproductive Endocrinologist  
(address and phone number)

## Letter from employee to employer

(Date)

(Name of the person who handles benefits)  
(employer's name and address)

Dear (Name):

As an employee of (your employer's name), I am writing to request that you consider adding an extremely valuable option to our current health insurance plan. I am satisfied with our current options with the exception of one area that concerns women's health, fertility benefits. Initially, I know that your reaction may be that it is too expensive to cover procedures and medications associated with fertility benefits. However, since (your employer's name) has always striven to create the best possible working environment for its employees, I thought that you might want to consider offering this coverage to our loyal workforce.

Everyone should have the opportunity to conceive a child. Some people may need the assistance of a medical professional to achieve this desire. Reproductive health is just as important as cardiac health, mental health or physical health. What's more, infertility has a devastating impact on people's lives in the form of stress and compromised physical well-being.

From an employer standpoint you may be concerned that the expanded coverage will increase employer costs substantially. Here are some interesting statistics that I uncovered in my research into this subject.\*

- 10% of the population requires infertility treatment; however, only 50% of those who require treatment actually seek it
- 12% of those seeking infertility treatment will receive treatment in any given year
- Only 2% of those receiving treatment will require assisted reproductive technologies (such as in vitro fertilization)
- Not all couples will elect this type of therapy
- An equal percentage of males and females have infertility problems

Please note that the average per member cost for fertility benefits is less than \$2.50 per year\*. In addition, many patients may already be seeking treatment within our current healthcare plan utilizing surgical options that are not very effective and could be driving up costs in another area. I would very much like to meet with you to discuss how we may be able to enhance the caring environment that (company name) has created thus far. I will be calling to set up an appointment to meet with you in the very near future.

Sincerely,

(your name)

cc: (send a copy to the president of the company and any other executives you think might be helpful)

\* Women's Health Issues, Fertility as a Covered Benefit–2000, by William M. Mercer.



## Letter to insurance company for predetermination of benefits

(Date)

(your insurance company name and address)

RE:                   Predetermination of benefits for: (patient's name)  
                          Group/Group Number: (name of group, if applicable)  
                          ID Number: (patient's insurance identification number)

Dear (Insurance company contact name):

My (husband, wife, partner) and I are considering (in vitro fertilization, gamete intrafallopian transfer, or other procedure your doctor has recommended). This procedure is necessary to attempt pregnancy due to (explain your situation, e.g. blocked fallopian tubes, male factor, previous sterilization, unexplained infertility, etc.). A fee schedule from our physician is attached for your review.

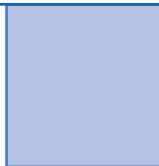
Please provide me with a written response to each of the questions below:

- Will (the procedure that applies to your situation) be a payable procedure under my current coverage or under my major medical portion?
- If yes, is there a limit of any kind (dollars or number of attempts)?
- If no, are any portions of the charges payable (prescription medications, laboratory tests, ultrasounds, or any other components my doctor has identified)?
- If none of the charges are payable, please identify the page in my contract where all charges are specifically excluded and the date the exclusion was added to the contract. If the charges are not excluded, I will assume they are payable.

I would appreciate a written response as soon as possible. Thank you. If you have any questions, please call (your phone number).

Sincerely,

(your name and address)



## Letter to insurance company or pharmacy benefit manager for predetermination of benefits (drug coverage)

(Date)

(your insurance company name/pharmacy benefit manager name and address)

RE: Predetermination of benefits for: (patient's name)  
Group/Group Number: (name of group, if applicable)  
ID Number: (patient's insurance identification number)

Dear (Insurance company contact name):

My (husband, wife, partner) and I are considering infertility treatment. This procedure is necessary to attempt pregnancy due to (explain your situation, e.g. blocked fallopian tubes, male factor, previous sterilization, unexplained infertility, etc.). Please provide me with a written response to each of the questions below:

- Which medications are covered by my medical plan?
  - For ovulation induction?
  - For IVF?
- If covered under a pharmacy benefit, what is the copayment?
- Is there a limit of any kind (dollars, time period, or number of cycles)?
- If none of the charges are payable, please identify the page in my contract where all charges are specifically excluded and the date the exclusion was added to the contract. If the charges are not excluded, I will assume they are payable.

I would appreciate a written response as soon as possible. Thank you. If you have any questions, please call (your phone number).

Sincerely,

(your name and address)

*An educational resource supported by:*



**Toll Free 1-866-LETS-TRY  
(1-866-538-7879)  
[www.fertilitylifelines.com](http://www.fertilitylifelines.com)**



#### **References**

1 American Society for Reproductive Medicine. Frequently asked questions about infertility: A fact sheet. Available at [www.asrm.org/Patients/faqs.html](http://www.asrm.org/Patients/faqs.html). Accessed May 6, 2003.