Many employers are offering managed care plans through health maintenance organizations (HMOs) or managed care plans. If you are a patient in one of these plans and are undergoing tests or treatment for infertility, you may want to consider these questions.

**GENERAL INFORMATION**

- Do you have a group or individual plan? Individual plans may have restrictions that don't apply to group plan coverage.
- Is your partner covered by the same plan?
- Does your employer restrict infertility benefits through your plan?
- Does the plan impose benefit caps on reimbursement for infertility treatment? What are they specifically?
- Can you change health plan sites if one is more convenient for you? If yes, what are your choices?
- Which hospital(s) is (are) your managed care plan affiliated with?
- Whom can you contact at your plan's affiliated reproductive medicine clinics/programs to get more details about the services offered?
- Does the plan have a quality assurance department?

**INFERTILITY COVERAGE**

- What, if any, is the wait period before you can start treatment for a pre-existing infertility condition?
- What, if any, are the age restrictions for infertility treatment including the assisted reproductive technologies?
- Are there specific tests that need to be completed before you are referred to the infertility unit or specialist in your plan?
- Does your plan use specific pharmacies? Which ones? Where are they located?
- Does the plan's drug coverage include both oral and injectable fertility drugs?
- Will the plan pay for you to get another medical opinion from a physician outside the health plan?

**HIGH TECH TREATMENT OPTIONS**

- Does the plan restrict the number of assisted reproductive technology cycles you can do? If so, how many?
- Does this number include both fresh cycles and frozen embryo cycles?
- Are freezing, storage and thawing charges for embryo cryopreservation covered?
What clinics does the plan use for IVF or GIFT? Are you restricted to using those clinics?

Does the plan contract with outside providers to do vaginal ultrasounds and/or lab work? Do you have to travel?

Is donor sperm and/or donor egg option covered?

WHEN YOU ARE DENIED A SPECIFIC TREATMENT

Put your complaints in writing and send copies to the Director of Customer Service, Medical Director and President of the HMO. Also send a copy to your State Insurance Commissioner.

Consider making an appeal, check your members' manual and find out if the complaint has to be filed within 60 days after a treatment was denied.