

## ***If You Use a Health Maintenance Organization (HMO) or Managed Care Plan for Infertility Care (#24)***

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.

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