

Sample Letter: Implant

[NAME]
[ADDRESS]

[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. My health care provider has prescribed the contraceptive [NAME OF CONTRACEPTIVE], an implantable rod. The Patient Protection and Affordable Care Act requires that my insurance provide coverage of this contraceptive with no cost sharing, however [I have been asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain my contraception] OR [I have been told that [COMPANY NAME] will not provide coverage of this implant without cost sharing].

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Services Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of and not impose cost sharing for certain preventive services for women. The list of women's preventive services which must be covered in plan years starting after Aug. 1, 2012 includes "all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity." (<http://www.hrsa.gov/womensguidelines/>) These methods are listed in the Food and Drug Administration's "Birth Control Guide." (Attached) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services.

Specifically, the plan must provide coverage without cost sharing of the implant which has been prescribed to me. The ACA requires plans to provide coverage without cost sharing of *all* FDA approved contraceptive *methods*. The Food and Drug Administration's "Birth Control Guide" indicates that the implantable rod is a unique contraceptive method. Therefore, the implantable rod is one of the methods which plans must cover without cost sharing. Furthermore, on Feb. 20, 2013, the Departments of Labor and Health and Human Services and the Treasury released a set of "Frequently Asked Questions" which affirmed that the ACA's women's preventive services requirement requires plans to provide coverage of implants. The FAQ says, "Are intrauterine devices and implants contraceptive methods under the HRSA Guidelines and therefore required to be covered without cost sharing? Yes." (see Question 17 in enclosed FAQ) [NAME OF CONTRACEPTIVE] is an implant and a contraceptive method under the HRSA Guidelines, and therefore must be covered without cost sharing.

Furthermore, the FAQ affirmed that the women's preventive services requirement requires plans to provide coverage of all brand-name forms of contraception that do not have a generic equivalent. The FAQ says, "If, however, a generic version is not available,...then a plan or issuer must provide coverage for the brand name drug in accordance with the requirements of the interim final regulations (that is, without cost-sharing, subject to reasonable medical management)." (see Question 14 in enclosed FAQ.) According to the Food and Drug Administration, there is currently no generic equivalent available for [NEXPLANON/IMPLANON].¹ Therefore, the plan must provide coverage of [NEXPLANON/IMPLANON] without cost sharing.

Additionally, the FAQ affirmed that the HRSA Guidelines include "services related to follow-up and management of side effects, counseling for continued adherence, and for device removal" and therefore these services must be covered without cost sharing. Therefore the plan must provide coverage of [TYPE OF VISIT] that [OCCURRED/WILL OCCUR] at the office of [PROVIDER'S NAME] on [DATE]. I spent [DOLLAR AMOUNT] out-of-pocket in relation to that visit and documentation of those fees are attached to this letter.

LAST PARAGRAPH OPTIONS:

(1)

I have spent [TOTAL AMOUNT] out of pocket on [NAME OF CONTRACEPTIVE], despite the fact that it should have been covered without cost sharing. I have attached copies of receipts which document these out of pocket expenses. I expect that [COMPANY NAME] will rectify this situation by ensuring that [NEXPLANON/IMPLANON] is covered by my plan without cost sharing in the future, reimbursing me for the out of pocket costs I have incurred during the period it was not covered without cost sharing, and changing any corporate policies that do not comply with the Affordable Care Act.

(2)

My health care provider is prepared to insert the implant when [COMPANY NAME] assures that I have coverage without cost sharing. I expect that [COMPANY NAME] will rectify this situation and notify me within 30 days of receipt of this letter that [NEXPLANON/IMPLANON] will be covered without cost sharing.

Sincerely,

[YOUR SIGNATURE]

Encl:

FDA Birth Control Guide (available at <https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM517406.pdf>)

Frequently Asked Questions about the Affordable Care Act (Part XII) (available at <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xii.pdf>)

Copies of Receipts Documenting Out of Pocket Costs

¹ Information on generic equivalents available by searching the brand name drug on the FDA's website: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>.