

Instructions for Sending an Appeal Letter: General Preventive Services

Addressing the Letter

- Contact your insurer to find out to whom you should send your appeal.
- If you are given an appeal form, it will include the address for the person to whom you should send your appeal.
- In addition, if you are in an employer-based plan, you can send a copy of the appeal letter and form to your insurance plan's Plan Administrator.
 - The contact information for your Plan Administrator can be found in the Summary Plan Description.
 - If you are in an employer-sponsored plan and you are comfortable doing so, you should give a copy to the person who manages employee benefits in your HR department.

Completing the Letter

- Complete every field of the form letter that appears in capital letters with the information specific to your situation (for example, YOUR NAME, POLICY NUMBER, etc.)
- Make sure you have documentation of the costs you've incurred for the preventive service (such as receipts from the pharmacy or an explanation of benefits from your insurer) and attach copies of the documentation.
- Be sure to attach a copy of the "Frequently Asked Questions" to the letter – you can print a copy here: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-xii.pdf>

Creating a Record of Your Letter

- Make a copy of the letter and keep it in your files.

After You Send Your Letter

- Continue to keep copies of receipts or other documents that show when you have had to pay a co-payment, co-insurance or deductible for the preventive services.
- Please let us know if you receive a reply from your insurance company. We are keeping track of how insurers respond.

If you have any questions, email the CoverHer Hotline at coverher@nwlc.org.

Sample Letter: General Preventive Services

[NAME]
[ADDRESS]
[DATE]

To Whom It May Concern:

I am enrolled in a [INSURANCE COMPANY NAME] plan, policy number [POLICY NUMBER]. I recently visited [NAME OF PROVIDER] for [NAME OF PREVENTIVE SERVICE]. The Patient Protection and Affordable Care Act requires that my insurance coverage of this preventive service be with no cost sharing, however I was required to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] to obtain this service.

Under § 1001 of the Patient Protection and Affordable Care Act (ACA), which amends § 2713 of the Public Health Service Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services with no cost sharing requirements. (42 U.S.C. § 300gg-13) [NAME OF PREVENTIVE SERVICE] is one of the preventive services that must be covered without cost sharing requirements. My health insurance plan is non-grandfathered. Thus, the plan must comply with the preventive services provision and provide coverage of [NAME OF PREVENTIVE SERVICE] without cost sharing.

The Affordable Care Act defines “cost-sharing” to include “deductibles, coinsurance, copayments, or similar charges.” (42 U.S.C. § 18022(c)(3)(A)(i)) Furthermore, the regulations implementing § 2713 state, “a group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide coverage for all of the [preventive services], and may not impose any cost-sharing requirements (such as a copayment, coinsurance, or deductible) with respect to those items or services.” (45 C.F.R. 147.130) Thus, both the statute and the regulations implementing it explicitly state that a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] is a form of cost-sharing and should not be imposed on the preventive services. However, [NAME OF INSURANCE COMPANY]’s current policy requires that I pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] for [NAME OF PREVENTIVE SERVICE]. This policy is in violation of the Affordable Care Act’s preventive services provision.

I have spent [TOTAL AMOUNT] out of pocket on [NAME OF PREVENTIVE SERVICE], even though 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 [NAME OF PREVENTIVE SERVICE] 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.

Sincerely,
[YOUR SIGNATURE]

Encl:

- Copies of Receipts Documenting Out of Pocket Costs
- 2022 HRSA Guidelines

