

Instructions for Sending an Appeal Letter: Birth Control

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 your birth control (such as receipts from the pharmacy) and attach copies of the documentation.
- Be sure to attach a copy of the FDA's "Birth Control Guide" to the letter – you can find a copy here: <https://www.fda.gov/media/150299/download>
- 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 out-of-pocket for your birth control.
- 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: Birth Control

[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]. 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.

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 August 1, 2012. Department guidance released on January 10, 2022, confirms that preventive service coverage includes "the full range of U.S. Food and Drug Administration (FDA)-approved, -granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. Additionally, contraceptive care includes "screening, education, counseling, and provision of contraceptives (including in the immediate postpartum period)," as well as, "follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives), 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," but also extends to any additional contraceptives approved, granted, or cleared by the FDA.¹ (Attached) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services requirement.

I have spent [TOTAL AMOUNT] out of pocket on [NAME OF CONTRACEPTIVE], 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 CONTRACEPTIVE] 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:

FDA Birth Control Guide (available at: <https://www.fda.gov/media/150299/download>)

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

Copies of Receipts Documenting Out of Pocket Costs

¹ <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>