

## Instructions for Sending an Appeal Letter: Female Sterilization

### 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.)
- If you have already had your sterilization procedure, use Last Paragraph Option (1). Also, make sure you have documentation of the costs you've incurred (such as receipts or an explanation of benefits from your insurer) and attach copies of the documentation.
- If your plan did not cover without co-pays any part of your follow-up visit, include information about that visit.
- If you have not yet had your sterilization procedure, use Last Paragraph Option (2).
- Be sure to attach a copy of the FDA's "Birth Control Guide" to the letter – a copy appears on the last page of this toolkit, and you can print 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 sterilization procedure or related 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](mailto:coverher@nwlc.org).

## Sample Letter: Female Sterilization

[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 PERFORMED/WILL PERFORM] a [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] on [DATE]. The Patient Protection and Affordable Care Act requires that my insurance provide coverage of this sterilization procedure with no cost sharing, however [I have been asked to pay a [CO-PAY/DEDUCTIBLE/CO-INSURANCE] for this procedure] OR [I have been told that [COMPANY NAME] will not provide coverage of this this procedure 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. 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.<sup>1</sup> (Attached) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women's preventive services requirement.

Specifically, the plan must provide coverage without cost sharing of the sterilization procedure which my provider [HAS PERFORMED/WILL PERFORM]. The ACA requires plans to provide coverage without cost sharing of *all* FDA approved contraceptive methods *and sterilization procedures*. Furthermore, the Food and Drug Administration's "Birth Control Guide" indicates that the [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] is a unique contraceptive method. Therefore, the [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] is one of the methods which plans must cover without cost sharing.

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 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.

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

LAST PARAGRAPH OPTIONS:

(1)

I have spent [TOTAL AMOUNT] out of pocket on [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)], 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 [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] 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 perform the [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] 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 [STERILIZATION SURGERY FOR WOMEN/SURGICAL STERILIZATION IMPLANT FOR WOMEN (ESSURE)] will be covered without cost sharing.

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 <http://www.dol.gov/ebsa/faqs/faq-aca12.html>)

Copies of Receipts Documenting Out of Pocket Costs