

Instructions for Sending an Appeal Letter: Generics

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.
- If the birth control that you are on has no generic equivalent, include the paragraph in the letter which begins "Furthermore, the FAQs affirmed that the ACA's women's preventive services requirement..."
- 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: Generics

[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 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.¹ (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 [NAME OF CONTRACEPTIVE] which has been prescribed to me. 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 under the ACA's women's preventives services, plans cannot limit their coverage of contraceptives to only oral contraceptives. In response to the question, "May a plan or issuer cover only oral contraceptives?" the FAQs unequivocally answer, "No." The FAQs go on to state, "The HRSA Guidelines ensure women's access to the *full range* of FDA-approved contraceptive methods including, but not limited to, barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as *prescribed by a health care provider*." (emphasis added, see Question 14 in enclosed FAQ.) [INSURANCE COMPANY NAME]'s current policy of only providing coverage of [GENERIC ORAL CONTRACEPTIVES/ORAL CONTRACEPTIVES] is in violation of the clear statement in the FAQs that the full range of FDA-approved contraceptives must be covered. Additionally, the FAQs emphasize that plans must cover contraceptive methods as prescribed by a health care provider. My health care provider, [PROVIDER'S NAME], prescribed [NAME OF CONTRACEPTIVE] as my contraceptive method, and therefore it must be covered without cost sharing.

[ADD THIS PARAGRAPH IF YOUR METHOD HAS NO GENERIC EQUIVALENT]

Furthermore, the FAQs affirmed that the ACA's 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.) [NAME

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

OF CONTRACEPTIVE] is a brand name drug without a generic equivalent, thus my plan must provide coverage of [NAME OF CONTRACEPTIVE] without cost sharing.

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

Copies of Receipts Documenting Out of Pocket Costs