

Instructions for Sending An Appeal Letter: IUD

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 IUD inserted, 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 visit for insertion or your follow-up visit, include information about that visit.
- If you have not yet had your IUD inserted, use Last Paragraph Option (2).
- 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 IUD 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.

Sample Letter: IUD

[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 [MIRENA/SKYLA/PARAGARD], an intrauterine device (IUD). 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 IUD 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.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 the IUD 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 [IUD WITH PROGESTIN/COPPER IUD] is a unique contraceptive method. Therefore, the [IUD WITH PROGESTIN/COPPER IUD] 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 IUDs. 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) [MIRENA/SKYLA/PARAGARD] is an IUD 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

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

[MIRENA/SKYLA/PARAGARD].² Therefore, the plan must provide coverage of [MIRENA/SKYLA/PARAGARD] 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 [MIRENA/SKYLA/PARAGARD], 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 [MIRENA/SKYLA/PARAGARD] 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 IUD 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 [MIRENA/SKYLA/PARAGARD] 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

² 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>.