# 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/OTHER], 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] OR [I have been refused reimbursement after being told that my IUD and related-service would be covered without out-of-pocket costs].

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 includes “all Food and Drug Administration approved contraceptive methods, 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.” (Attached) My health insurance plan is non-grandfathered. Thus, the plan must comply with the women’s preventive services benefit.

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 January 10, 2022 (attached), the Departments of Labor and Health and Human Services and the Treasury released a set of “Frequently Asked Questions” which clarified that “all FDA-approved, cleared, or granted contraceptive products that are determined by an individual’s medical provider to be medically appropriate for such individual must be covered without cost-sharing, whether or not specifically identified in the current FDA Birth Control Guide.”

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 [MIRENA/SKYLA/PARAGARD].[[1]](#footnote-1) Therefore, the plan must provide coverage of [MIRENA/SKYLA/PARAGARD] without cost sharing.

Additionally, HRSA Guidelines (see link above) confirms that contraceptive care includes “screening, education, counseling, and provision of contraceptives (including in the immediate postpartum period).” Contraceptive care also includes “follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives).” Therefore, these services must be covered without cost-sharing. 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 <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xii.pdf>)

Frequently Asked Questions re: Coverage of Preventive Services (Part 51) (available at <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf>) (begins on p. 10).

Copies of Receipts Documenting Out of Pocket Costs

1. 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>. [↑](#footnote-ref-1)