



**RESOLVE**  
National Office

Infertility: Education Advocacy Support  
1310 Broadway, Somerville, MA 02144-1779  
National Business Office 617-623-1156  
HelpLine 617-623-0744 Fax 617-623-0252  
Web site: [www.resolve.org](http://www.resolve.org)

***QUESTIONS TO ASK***  
**If You Use a Health Maintenance Organization (HMO)  
or Managed Care Plan for Infertility Care (#24)**

by Diane N. Clapp, BSN, RN  
Medical Information Director, National RESOLVE

Many employers are offering managed care plans through health maintenance organizations (HMOs) or managed care plans. If you are a patient in one of these plans and are undergoing tests or treatment for infertility, you may want to consider these questions.

**GENERAL INFORMATION**

- ! Do you have a group or individual plan? Individual plans may have restrictions that don't apply to group plan coverage.
- ! Is your partner covered by the same plan?
- ! Does your employer restrict infertility benefits through your plan?
- ! Does the plan impose benefit caps on reimbursement for infertility treatment? What are they specifically?
- ! Can you change health plan sites if one is more convenient for you? If yes, what are your choices?
- ! Which hospital(s) is (are) your managed care plan affiliated with?
- ! Whom can you contact at your plan's affiliated reproductive medicine clinics/programs to get more details about the services offered?
- ! Does the plan have a quality assurance department?

**INFERTILITY COVERAGE**

- ! What, if any, is the wait period before you can start treatment for a pre-existing infertility condition?
- ! What, if any, are the age restrictions for infertility treatment including the assisted reproductive technologies (in vitro fertilization, GIFT, ICSI and ZIFT)?
- ! Are there specific tests that need to be completed before you are referred to the infertility unit or specialist in your plan?
- ! Does your plan use specific pharmacies? Which ones? Where are they located?
- ! Does the plan's drug coverage include both oral and injectable fertility drugs?
- ! Will the plan pay for you to get another medical opinion from a physician outside the health plan?

**HIGH TECH TREATMENT OPTIONS**

- ! Does the plan restrict the number of assisted reproductive technology cycles you can do? If so, how many?
- ! Does this number include only stimulation cycles or thaw cycles for frozen embryos as well?
- ! Does the plan have a discounted rate for additional ART cycles?
- ! Are freezing and thawing charges for embryo cryopreservation covered?
- ! What clinics does the plan use for IVF, GIFT and ZIFT? Are you restricted to using those clinics.
- ! Does the plan contract with outside providers to do vaginal ultrasounds and/or lab work? Do you have to travel?
- ! Is donor sperm and/or donor egg option covered?
- ! Is the egg donor covered by your plan if she has complications?

**WHEN YOU ARE DENIED A SPECIFIC TREATMENT**

- ! Put your complaints in writing and send copies to the Director of Customer Service, Medical Director and President of the HMO. Also send a copy to your State Insurance Commissioner.
- ! Consider making an appeal, check your members' manual and find out if the complaint has to be filed within 60 days after a treatment was denied.

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