



RESOLVE

National Office

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QUESTIONS TO ASK **when Choosing an Insurance Policy #35**

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When you are choosing an insurance policy, it is important to carefully investigate the options that are available. Decide what you are looking for in an insurance plan and prioritize the services (both infertility services and other health services).

Representatives of insurance companies and members of the human resources department at your workplace can answer many of your questions. Keep a written record of your conversations, noting names, titles, and dates. Get information in writing whenever possible. Ask for the insurance company's *policies and procedures* documentation. Get as much detailed information as possible concerning what infertility services are and are not covered by an insurance plan, and carefully evaluate exclusions. Co-workers, friends, RESOLVE members, physicians and other medical professionals can also provide valuable information. (Call RESOLVE's National HelpLine to request a copy of the William M. Mercer report *Infertility as a Covered Benefit*.@ This booklet may be useful in persuading your company's employee benefits manager to consider or improve infertility coverage.)

You may want to consider the following questions as you choose an insurance plan or if you are deciding whether or not to switch from your current plan.

GENERAL HEALTH PLAN INFORMATION

- § Is there written information or a member booklet available that explains how the plan works? Can you get access to and read the booklet before deciding whether to join the plan?
- § Is there a list of doctors, hospitals, and drug stores that you can use?
- § Can you choose your doctor or clinic? Can you change doctors if you are unhappy? What is the procedure and time frame for doing so?
- § Can you continue to see your current doctor or other health care providers?
- § Does the plan allow you to see a health care provider outside of the plan? Does the plan cover any of those costs?
- § Does the plan have a deductible and/or a co-pay?
- § What reproductive health services, for both women and men, are covered by the plan (eg. STD testing and treatment, pap smears, cancer screening, prenatal/postnatal care)?

INFERTILITY COVERAGE

- § How long do you have to try to become pregnant before being referred for infertility tests/treatment?

Continued

- § What required testing must be completed before you are referred to an infertility specialist?

- \$ If infertility was diagnosed before signing up with the plan (pre-existing condition), will the plan pay for care related to infertility?
- \$ Does the plan require or allow you to seek a second opinion? Will it pay for that visit?
- \$ Is there a maximum payment cap on infertility treatment coverage or on specific procedures?
- \$ Are there age limits or other limits for specific treatments?
- \$ Will your doctors inform you about all treatment options, even if all of those options are not covered by the plan?
- \$ If the plan does not cover infertility treatment, will it cover diagnostic tests? If so, which ones?
- \$ Will the plan pay for treatment of endometriosis?
- \$ Does the plan cover the costs of infertility medications? Will the plan pay for injectable medications?
- \$ Does the plan cover psychological and mental health services? Does the plan refer to specific mental health specialists in infertility? What are the limitations on coverage for mental health services?
- \$ Does the plan cover alternative or complimentary medicine treatments (e.g. acupuncture, chiropractic, massage, homeopathy, traditional Chinese medicine)?
- \$ Does the plan cover the costs for experimental therapies (see RESOLVE=s Questions to Ask if you are Participating in a Research Study) and will it explain what is considered experimental?
- \$ Will the plan pay for treatment if the reason for infertility lies with a spouse and he/she is not insured under this plan?
- \$ Will the plan pay for treatment if either spouse has had a tubal ligation or a vasectomy?
- \$ Is infertility treatment paid for when you are away from home (e.g. ultrasounds and lab work while traveling)?
- \$ Will the plan pay for cryopreservation (freezing) services and storage to preserve embryos and/or sperm?
- \$ Does the plan cover donor egg treatment for the recipient? What costs will the plan cover for the donor?
- \$ Is coverage limited to a donor living in the state?
- \$ Does the plan pay for multi-fetal reduction?

COVERAGE CHANGES/APPEALS

- \$ What is the procedure when you have a question, problem or complaint about coverage?
- \$ What is the notification procedure (including amount of time) if coverage of a treatment is denied, reduced or terminated?
- \$ Is there an appeal process?

These two questions are specific to your human resources department/benefits manager:

- \$ Can you change health plans if you are not satisfied with the care? What is the procedure and time frame for doing so?
- \$ Is the coverage guaranteed renewable so that it will be the same next year?

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