

Infertility and Insurance

Treatment for infertility can be very expensive. Insurance coverage ranges from non-existent to comprehensive. Each health maintenance organization (HMO), preferred provider organization (PPO), and insurance company has its own policies regarding infertility. **It is important to review your plan and make sure you understand what is paid for and what isn't.** Follow the guidelines regarding referrals and filing claims to guarantee the maximum allowable benefits. Investigate your state's laws dealing with coverage for infertility treatment. In certain states (Illinois included), laws have been enacted requiring most companies providing medical insurance to include infertility coverage. There are, however, cases where the laws do not apply. For example, in Illinois, a company that is self-insured with fewer than 25 employees are exempt. So are certain religious organization and the government.

Keep copies of all correspondence with your benefits department, insurance company and physician's office. Save all bills and statements. Use the **Insurance Log** to record the content of phone conversations including dates and the names of the people you speak with.

Important Questions to Ask Your HMO or PPO Representative:

1. Is there a particular person who handles questions regarding infertility coverage? Request your HMO's or PPO's policies regarding infertility treatment in writing.
2. Is there a pre-existing condition limitation?
3. What are the **specific** procedures you need to follow to ensure coverage for infertility treatment? For example, do you need separate referrals for each office visit and/or cycle of treatment? For every medical procedure? Surgical procedure? Request your HMO or PPO's policies regarding infertility in writing.
4. Is there a particular pharmacy you must use for medication? Where is it located? Are injectable drugs obtained differently? Is there a prescription drug cap?
5. Is there a co-payment for infertility services? For medications?
6. Is there a limited length of time you can be treated for infertility?
7. Are counseling services covered? What is the coverage and what guidelines must be followed?

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Important Questions to Ask Your Traditional Insurance Representative:

1. Is there a specific person who handles questions regarding infertility coverage?
Request your insurance company's policies regarding infertility treatment in writing.
2. Is there a pre-existing condition limitation?
3. What percent of medical expenses is covered?
4. Is there a co-payment for infertility services? For medications?
5. What is the annual deductible per person? Per family?
6. Is there a maximum out-of-pocket expense you can incur in a single year?
7. Is pre-authorization for services required?
8. What **specific** procedures should be followed when filing a claim?
9. Is there a particular pharmacy you must use for medication? Where is it located?
Are injectable drugs obtained differently? Is there a prescription drug cap?
10. Is there a limited length of time you can be treated for infertility?
11. Are counseling services covered? What is the coverage and what guidelines must be followed?