



## Benefit from Your Benefits

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Many employers and provinces offer a variety of benefits for infertility treatments. These benefits can vary from tax deductions (please see our *Certain IVF Expenses* information sheet for more information) to full coverage under private insurance. However, the policies and procedures around these benefits can be confusing, making it important to investigate what you are actually entitled to.

Couples need to understand their individual benefits and how they apply to the medical procedures and to the fertility medications required. Please refer to the information below to help you determine your specific benefits and allow you to financially plan your fertility treatment.

### **Fertility Medical Procedures:**

- These procedures are generally not covered by OHIP but may be covered either in full or part by private payers. Those couples with private insurance should see if their plan covers some fertility procedures or a certain part of them including:
  - Intrauterine insemination (IUI)
  - In Vitro Fertilization (IVF)
  - Intracytoplasmic Sperm Injection (ICSI).
- Before your treatment begins, pre-determine your coverage by asking your insurance company to provide you with a written explanation of your exact coverage. A sample letter that outlines a request for a pre-determination of benefits can be found on the Fertility Lifelines website: [www.fertilitylifelines.com/payingfortreatment/insurancecoverage.jsp](http://www.fertilitylifelines.com/payingfortreatment/insurancecoverage.jsp).
- If you are not covered in full, you may find that components of the procedure, such as investigative tests, blood work and/or ultrasounds, are covered.
- Remember to also check if your medical plan has any 'flex' coverage that can be used to pay for medical procedures not covered by OHIP. Some employers also offer the ability to upgrade your insurance coverage by paying an extra monthly fee. However, make sure that the additional coverage will cover at least some of your treatment costs before committing to any extra payments. Also check to see whether you have a Health Spending Account as an option through your insurance.

### **Fertility Treatment Medication:**

- Fertility medications can range in cost from just over \$60.00 per cycle for fertility pills to up to \$5,000.00 per cycle for all the medications needed for IVF. Coverage of these medications can vary from complete coverage to partial or no coverage.
- Do not assume that because you have prescription coverage that fertility medications will be covered in the same way.

- Before your treatment begins, pre-determine your coverage by asking your insurance company to provide you with a written explanation of your exact coverage. Again, a sample letter outlining a request for a pre-determination of medication coverage can be found on the Fertility Lifelines website.
- If a claim, or coverage, has been denied, you may appeal. In fact, resubmissions are common. Request the reason for the denial and the exact section of the policy that supports the denial.
- In some cases, the insurance company will require prior approval or preauthorization for medications. We can provide you with an insurance letter detailing the medications prescribed and associated Drug Identification Numbers (DINs) in this case.
- Before you submit any receipts to your plan, be sure to ask about your specific benefits including whether there is a treatment cycle number limit, total dollar value limit, lifetime limit, or yearly limit. A common pitfall for patients is to submit the claims for fertility pills (the least expensive option) and if unsuccessful, advance into more complicated and costly treatments only to find once these claims are submitted, they have unknowingly used up all their coverage on low cost drugs and then are not eligible for assistance with this further treatment.
- If you have an annual limit for drug coverage, you might try claiming your limit towards the end of the year so that the balance may be eligible to be claimed in the following year.
- In cases where insurance plans are limited by the number of cycles, it is best to pay for low cost options out of pocket and save benefits for further more involved and costly treatments just in case.
- In some cases, coverage can be combined where both partners have different benefits. We can break down the drug costs into segments to help when submitting to different plans so let us know.

### **Important Points:**

- If you can, make sure you are fully covered on your plan before you begin treatment.
- Check your plan and your partner's plan carefully and talk with a representative from your insurance company to get clarification. When possible, get information in writing or at a minimum the name of the person you spoke to.
- Pre-determine your coverage of medical procedures and medications by personalizing and sending the prewritten letters from the Fertility Lifelines website to your insurance carrier.
- Before you submit any claims, find out about your specific benefit plans including whether there is a treatment cycle number limit, a total dollar value limit, a lifetime limit, or a yearly limit.

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