

UTILIZING COVERAGE FOR MENOPAUSE CARE


Insurance coverage for menopause-related services varies widely, depending on factors, such as the insurance provider and policies, insurance plan, state regulations, the local health care market, and cost of living.

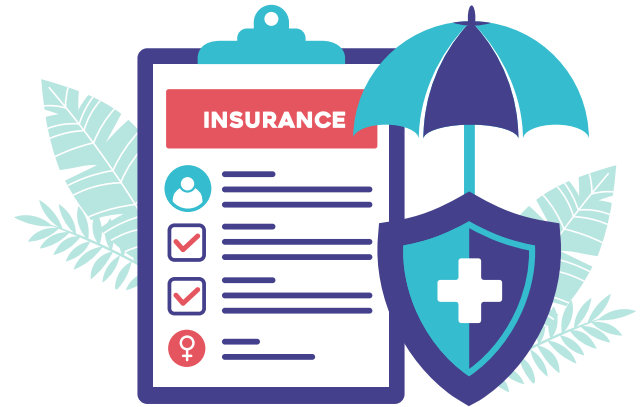
The majority of health insurance coverage in the United States is through private employer-based plans. Alternatively, eligible individuals may have public insurance plans through government programs like Medicaid or Medicare. Companies that provide health insurance to their employees may have a benefits navigator or human resources staff who can assist with explaining options and processing claims.

COMMON POLICY EXPENSES

It is important to understand the financial aspects of your health insurance policy, as insurance plans rarely cover 100% of health care costs. Three primary types of out-of-pocket costs are:

- ▶ **Deductible** – a preset amount in expenses you must finish paying each year before your insurance begins to cover expenses
- ▶ **Coinsurance** – an amount (often a percentage) you must pay for services after your deductible has been reached
- ▶ **Copayment** – a preset, flat fee you must pay for each doctor's visit, and for prescriptions, tests, etc.; these payments do not count towards your annual deductible

 The total health expenditures associated with treating menopausal symptoms are **~\$3 billion annually** in the U.S.³ Excluding prescription medications, the average direct costs per patient is \$248 per year.⁴



UNDERSTANDING COVERAGE

Because many menopause treatments may not be classified as “medically necessary” or “preventive,” they may be less likely to be covered by insurance. However, treatments may be covered to address a related issue not exclusive to menopause (e.g., depression, insomnia, abnormal bleeding, etc.). Some medications can be covered if prescribed by a provider, while others, like hormone therapy, might have limited coverage based on the type of hormone or delivery method (cream, gel, patch, etc.). Medications to treat sexual dysfunction are often denied by both private insurers and Medicare Part D.

Insurance companies use a formulary – also called a prescription drug tier list – to group medications by cost and determine the amount of coverage provided within their plans. Lower tiers typically include generic drugs and low-cost brand name medications, while higher tiers contain specialty drugs, such as those for complex conditions or cancer treatments. The out-of-pocket cost a patient will pay for a prescription medication depends on the medication's assigned tier as well as where the prescription is filled.

When looking to fill a prescription for a menopause treatment that falls in a higher tier, consider getting a cost estimate for a few brand options and pharmacies.



ENSURING PRODUCTIVE CONVERSATIONS

Women should speak with their health care providers and insurance company to find out the coverage details for the menopause treatment options they desire to pursue. Calling the phone number on the back of your insurance card is a good starting point to reach an agent who can address questions specific to your insurance plan.

Make sure to take detailed notes about your conversations, including:

- ▶ The name and title of the person you spoke with, and on what date
- ▶ Whether the treatment requires a special diagnosis, paperwork, or prior authorization
- ▶ Where to find the required forms and how to submit claims/requests
- ▶ Submission and processing time frames
- ▶ Total estimated costs for the treatment, how much is covered, and out-of-pocket costs
- ▶ Alternative treatment options that might have higher coverage
- ▶ Opportunities for financial assistance plans based on your situation

Then individuals should work with their providers to identify a treatment plan that balances their health needs, personal finances, and insurance requirements. Additionally, women who have health insurance through their jobs might want to talk to their benefits personnel about claim denials or high co-pays to identify opportunities for coverage expansion or reimbursement accounts.

Remember, menopause is a journey, and your health care needs will change throughout this life stage. It is important to re-evaluate your health insurance plan options during open enrollment each year to determine which plan will best serve your needs – not only based on cost but also for coverage benefits – over the next year. This is also a good time to check on updated prescription drug costs because formularies can change as new medications are developed, patient demand shifts, or new health data emerges.

