

FREQUENTLY ASKED QUESTIONS

Last Updated: 06.22.2023

1. What basic information should patients know about the family-building process?

Effective July 1, 2022, the CU Health Plan, in partnership with WINFertility, will offer a comprehensive family-building benefit to employees and spouses/partners/dependent-child (subject to clinical guidelines) enrolled in any medical CU Health Plan administered by Anthem Blue Cross Blue Shield.

Contact WINFertility to get started:

- CU Health Plan members' dedicated, toll-free customer service number is 866-430-6068. WINFertility Customer Service Associates are available Mon-Fri from 7:00am-5:30pm MT, and WINFertility Nurse Care Managers can be reached 24 hours a day, 7 days a week for urgent matters.
- Beginning July 1, 2022, download the **WINFertility Companion App** to get real-time information and to schedule an initial WINFertility nurse consultation. When you download the app, use the legal name you used when registering for your medical benefits and enter employer code: **CUHP22** to set up your account.
- CU Health Plan members' WINFertility member webpage is managed.winfertility.com/cuhealthplan.

2. What benefits are available to CU Health Plan members through WINFertility?

Effective July 1, 2023, CU Health Plan's fertility benefit will include a lifetime maximum of up to 3 cycles toward eligible expenses related to fertility treatment and fertility medications to members enrolled in a medical CU Health Plan administered by Anthem. A diagnosis of infertility is **not** required in order to access the benefit. The fertility benefit is consistent across Anthem medical plans subject to the specific medical plan member cost shares for each Anthem plan. Genetic testing coverage is subject to clinical guidelines. Services incurred prior to July 1, 2023, are subject to the 2-cycle lifetime maximum.

3. Who do I contact for questions regarding Prior Authorizations?

Customer Service Agents are available Monday through Friday 866-430-6068 from 7:00am-5:30pm MT to gather information, confirm eligibility, answer initial questions and refer the patient to their designated Nurse Care Manager for clinical support.

4. What is the Prior Authorization process?

Prior Authorization is a requirement from your health insurance company that your doctor obtain approval from your plan before it will cover the costs of a specific medicine, medical device or procedure. All treatment cycle medications obtained through WINFertility will require Prior Authorization to ensure the most clinically-effective treatment plan for each patient's unique needs. WINFertility receives treatment plan information from your provider during the Prior Authorization process to review coverage according to the benefit policy. Prior Authorizations will begin July 1, 2022. During your initial consultation, your Nurse Care Manager can provide support and clinical education on how to obtain Prior Authorization for treatment and prescribed medications.

5. How do I find the locations of Anthem participating clinics/providers in my area?

[WINFertility.com/cuhealthplan](https://winfertility.com/cuhealthplan) has a link to Anthem resources to help you with your provider selection (anthem.com/login). Additionally, WINFertility can assist with provider selection during your Nurse Care Manager consultation to help locate a quality, in-network provider specific to your needs.

6. If I am currently in treatment and my Provider is out-of-network, can I continue to see my Provider and receive this new benefit?

A continuity of care form must be completed and submitted to Anthem in order for consideration of coverage for treatment consistent with this new fertility benefit to be facilitated through an out-of-network provider. Upon review by Anthem and WINFertility, WINFertility will contact your provider with the approval/denial. The continuity of care form can be found on WINFertility's CU Health Plan microsite (managed.winfertility.com/cuhealthplan).

7. How do I get my infertility medications? Can I fill prescriptions at my regular, go-to pharmacy?

Infertility treatment is extremely time-sensitive and medications must be filled through CVS Specialty pharmacy. These medications will be shipped to the member's address of choice. It's recommended that members discuss this setup with their providers so that they know to submit the prescriptions a couple of days in advance for timely medication arrival.

If the member tries to refill at a different pharmacy, the prescription will be rejected, citing that it must be filled at CVS Specialty pharmacy only.

8. How does the Prior Authorization process affect infertility medications? What can I do to ensure I receive medications requiring Prior Authorization on time?

All injectable infertility medications are considered specialty and require a Prior Authorization. Prior Authorization review and approval takes time.

Members should talk to their provider about submitting Prior Authorizations for all of the medications they anticipate the member might need no later than 14 days in advance to ensure there won't be any issues receiving the medication(s) on time if/when it is needed.

9. Who do I contact for questions regarding claims?

Members should contact Anthem directly for all claim inquiries via the phone number located on the back of your ID card. Anthem medical plan member cost shares will apply.

10. Who do I contact for pharmacy-related questions (Claims info, prior authorization status, etc.)?

Members should contact the CVS CU Health Plan Customer Care team at 1-888-964-0121, available 24 hours a day, seven days a week, 365 days a year.

Members may also find it beneficial to download the [CVS Specialty mobile app](#) from the Apple app store or Google Play app store. If members' fertility treatment plan requires prescriptions that need to be filled through CVS Specialty, they will be able to chat with their care team through secure messaging on the CVS Specialty app. This is an efficient and convenient way to get in touch with the pharmacy.