Who makes your coverage determination?
Do you work for a large company? Most health plans offered by large employers are self-funded or self-insured. Meaning the employer has a contract with a health insurance company (insurer); the insurer administers the benefits of the contract and pays the medical claims from employer funds. Therefore, it is the employer who makes the decision to exclude certain services/procedures from coverage.

What are your options?
When the requested procedure is considered a benefit exclusion by your employer, you may be able to request a benefit exception from your employer. Your employer may have a specific process for requesting a benefit exception. A Boston Scientific Patient Procedure Access Specialist can help guide you through the process.
How do you get a copy of your benefits?
Your employer’s Human Resources Department or benefits website can provide you with a copy of your full benefit plan details or tell you how to obtain a copy. Often, the benefit plan details are located in a document called a Summary Plan Description (SPD) or Summary Benefit Plan (SBP).

How do I obtain assistance?
If your employer has a benefit exclusion in their insurance plan for a penile implant and/or a male continence device, a Boston Scientific Patient Procedure Access Specialist can help guide you through the process to request a benefit exception. Please contact the Boston Scientific Patient Procedure Access Specialist at 855-284-1676 option #1.

Your employer may have a specific process in place for requesting a benefit exception. Therefore, it is important for you to obtain a copy of your Summary Plan Description (SPD) or Summary Benefit Plan (SBP) to provide to the Patient Procedure Access Specialist as a first step.