

Family Planning Counseling

Benefit Coverage

Family planning benefits include counseling and consulting services, physician office visits for diaphragm fitting, injectable contraceptives or implantable contraceptives, diaphragm fitting procedures, injectable contraceptives, implantable contraceptives, intrauterine device (IUD), insertion and/or removal of an IUD, infertility services to diagnose and treat the cause of Infertility, tubal ligation, and vasectomy.

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Family Planning

Tubal ligation

Vasectomy

Tubal Ligation

Under the Affordable Care Act - Women's Preventive Health Services, there is no copayment for female sterilization (tubal ligation) when a member presents to an outpatient clinic or ambulatory surgery center for the exclusive service of the tubal ligation. When the tubal ligation is performed during a maternity stay at a hospital in conjunction with a vaginal or cesarean section delivery, the maternity copayment/ share of cost would apply based on the maternity benefits.

Vasectomy

The professional copayment applies when a vasectomy is performed in the office or an outpatient hospital facility, to be collected by the physician. A hospital outpatient copayment may also apply when performed in an outpatient facility, to be collected by the facility.

If the member is admitted, the hospital copayment applies in addition to the sterilization copayment.

Benefit Exclusion

Contraceptive drugs and devices that are covered under the Outpatient Prescription Drug benefit.

Family Planning Counseling

Benefit Limitations

No benefits are provided for infertility services related to the harvesting or stimulation of the human ovum (including medications, laboratory, and radiology service).

No benefits are provided for the insertion or removal of an IUD when used for non-contraceptive reasons, except the medically necessary removal of the IUD to treat related complications.

See *HMO Benefit Guidelines* for:

Infertility Services - Diagnosis and Treatment of the Cause

Infertility Services – Additional Benefits

Examples of Covered Services

- Physician office visits for injectable contraceptives, implantable contraceptives, or diaphragm fitting
- IUD and the insertion or removal of the device

Examples of Non-Covered Services

- Male Condoms
- Contraceptive drugs and devices, including diaphragms (covered under the Outpatient Prescription Drug benefit)

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Infertility Services - Diagnosis and Treatment of the Cause

Infertility Services – Additional Benefits