

FAMILY PLANNING

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I. POLICY

The family planning procedures listed below may be cost-shared:

- A. Surgical insertion, removal, and replacement of intrauterine devices.
- B. Measurement for, and purchase of, contraceptive diaphragms, including remeasurement and replacement.
- C. Prescription contraceptives and prescription contraceptives used as emergency contraceptives. This includes the Preven Emergency Contraceptive Kit approved by the **Food and Drug Administration (FDA)** on September 2, 1998. This kit contains special doses of regular birth control pills and a pregnancy test that is self-administered before taking the pills. The pregnancy test is considered an integral part of the kit and the total kit is a TRICARE benefit.

NOTE: Implantable prescription contraceptives are covered if FDA approved and used for the labeled indication.

- D. Male and female surgical sterilization.

II. EXCLUSIONS

- A. Prophylactics (condoms).
- B. Spermicidal foams, jellies, and sprays not requiring a prescription.
- C. Services and supplies related to noncoital reproductive technologies, including but not limited to artificial insemination (including cost related to donors and semen banks), in-vitro fertilization and gamete intrafallopian transfer (GIFT).
- D. Male and female reversal of a surgical sterilization procedure.
- E. For routine screening **Papanicolaou (pap)** smear tests, routine gynecologic examinations, and related laboratory testing, see the Preventive Services policy.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 2.3

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F. The family planning benefit does not include screening **pap** smear tests, routine gynecologic examinations, including related laboratory testing. However, family planning benefits may be allowed during an office visit for a screening **pap** test.

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