

Sterilizations

Benefit Coverage

To provide for voluntary female sterilization (tubal ligation/hysteroscopic tubal sterilization) and voluntary male sterilization (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

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.

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.

Benefit Exclusion

Services for or incident to reversal of voluntary surgical sterilization.

Benefit Limitations

Not applicable.

Sterilizations

Exceptions

Not applicable.

Examples of Covered Services

- Tubal Ligations
- Vasectomy

Examples of Non-Covered Services

- Tuboplasty (Salpingoplasty) for reversal of tubal ligation
- Vasovasostomy for reversal of vasectomy

References

Combined Evidence of Coverage and Disclosure Form

IFP Evidence of Coverage and Health Service Agreement