Family Planning

Benefit Coverage (Welf. & Inst. Code, § 14503)
(DHCS Contract 04-35765, Amend. 10, Exhibit A, Attach. 9, § 9)

Members have the freedom to choose a qualified family planning provider from within the network or to access outside providers without prior authorization. Members, when appropriate, are to be provided with sufficient information to allow them to make informed choices regarding the types of family planning services available, their right to access these services in a timely and confidential manner and to access providers for the diagnosis and initial treatment of Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV) counseling and testing, if part of a family planning visit.

Benefit Exclusion

None listed.

Examples of Covered Benefits

1. Health education and counseling necessary to make informed choices and understand contraceptive methods.
2. Laboratory tests, if medically indicated as part of decision-making process for choice of contraceptive methods.
3. Follow-up care for complications associated with contraceptive methods issued by the family planning provider.
4. Provision of contraceptive pills, devices, supplies.
5. Tubal Ligation.
7. Pregnancy testing and counseling.
8. Diagnosis and treatment of STDs as part of the family planning visit if medically indicated.
9. Screening, testing and counseling of at-risk individuals for HIV as part of the family planning visit.
10. Limited physical examinations necessary as part of family planning method decision-making.
Family Planning (continued)

Examples of Non-Covered Benefits

1. Complete physical examinations.
2. Diagnostic or treatment services unrelated to Family Planning.
3. Tubal Ligation reversal.
4. Vasectomy reversal
5. “Morning after pill” for routine preventative birth control.
6. Infertility studies or procedures provided for the purpose of diagnosing or treating infertility.
7. Hysterectomy for sterilization purposes only.

See: Abortion
Foot Care

See: Podiatry