



TRICARE® Coverage of Assisted Reproductive Services

TRICARE covers certain types of assisted reproductive services

Generally, assisted reproductive services and non-coital reproductive procedures, including artificial insemination, in vitro fertilization (IVF), and gamete intrafallopian transfer (GIFT), are **not** covered under TRICARE.

However, there are some types of infertility assessment, testing, and care that TRICARE may cover only when used in conjunction with natural conception, including:

- Services and supplies required in the diagnosis and treatment of an illness or injury involving the female or male reproductive system including correction of any physical cause of infertility. This does **not** include artificial insemination or assisted reproductive technology (ART) procedures, which are not covered.
- Diagnostic services, which may include semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, and/or bacteriologic investigation
- Medically necessary care for erectile dysfunction due to organic causes (e.g., vascular conditions, diabetic neuropathy, spinal cord injury, thyroid disease). Psychological or psychiatric causes of erectile dysfunction (e.g., depression, anxiety, stress) are **not** covered by TRICARE.

Contact your military hospital or clinic or regional call center for prior authorization before receiving any of

the services mentioned above. See the *Looking for More Information?* section of this fact sheet for contact information.

The following services are **not** covered by TRICARE:

- Medications, hormones, lab work, and ovulation stimulation used in conjunction with any of the following artificial conception techniques:
 - Artificial insemination including intrauterine insemination and any costs related to donors and semen banks
 - IVF, GIFT, zygote intrafallopian transfer, tubal embryo transfer, all other non-coital reproductive procedures, and any related services or supplies
 - Reversal of tubal ligation or vasectomy

EXCEPTIONS FOR WOUNDED, ILL, AND INJURED SERVICE MEMBERS

Assisted reproductive services may be available to service members who have sustained serious or severe illness or injury while on active duty that led to the loss of their natural reproductive ability including (but not limited to) those with neurological, physiological, and/or anatomical injuries.

To learn more, contact your primary care manager or service point of contact or visit www.tricare.mil/coveredservices.

LOOKING FOR **More Information?**

GO TO www.tricare.mil/contactus

N

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com

S

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

W

TRICARE West Region

UnitedHealthcare
Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

O

TRICARE Overseas Program (TOP)

International SOS
Government Services, Inc.
www.tricare-overseas.com

For toll-free contact information,
visit this website.

TOP Regional Call Centers

Eurasia-Africa

+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarelon@internationalsos.com

Latin America and Canada

+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Pacific (Singapore)

+65-6339-2676 (overseas)
1-877-678-1208 (stateside)
sin.tricare@internationalsos.com

Pacific (Sydney)

+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydricare@internationalsos.com

An Important Note About TRICARE Program Information

*At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*