



# Family Planning Limited Benfit

**MAPOC** Presentation

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**CT** Department of Social Services





## Family Planning Limited Benefit

- Effective March 1, 2012, the benefit provides confidential coverage for family planning and family planning-related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage (coverage includes men)
  - Family planning services include services relating to the individual's desire to prevent pregnancy, or regulate the number and spacing of children
  - Family planning-related services are medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting





## Family Planning Limited Benefit Service Coverage

#### • Services covered include:

- Comprehensive reproductive health exams (including family planning patient counseling & education)
- Screening, testing, treatment, and pre- and post-test counseling for sexually transmitted diseases & HIV
- Voluntary sterilizations in accordance with federal guidelines 42 CFR 441.257 and 42 CFR 441.258
- FDA-approved contraceptives & birth control options (e.g., including, but not limited to, insertion and removal of long-acting reversable contraceptives)
- Human papilloma virus vaccinations (including males)
- Family planning-related surgical treatments (e.g., perforated uterus because of an IUD)
- Drugs relevant to the treatment of family planning and related services

#### • Services <u>not</u> covered:

- Fertility services
- Hysterectomies
- Termination of pregnancy
- Pregnancy care
- Treatment for HIV/AIDS or hepatitis
- Treatment for cancer
- Any service that is not provide as part of or as follow-up to a family planning visit





# Family Planning Limited Benefit Service Coverage

## • Eligibility Requirements:

- Must meet Medicaid citizenship and residency requirements
- Not otherwise eligible for full Medicaid coverage
- Minors under the age of 18 are considered a household of one for income eligibility purposes (parents' income not needed)

### • Example:

• A 25-year-old single adult who is not pregnant with monthly income between 138% and 263% of the federal poverty level (FPL) Annual Income

#### Limit

• 263% FPL

Household Size	Income Limit
1	\$39,608
2	\$53,757
3	\$67,907
4	\$82,056
5	\$96,205
6	\$110,355