

TRICARE Maternity Coverage – What’s Covered, What’s Not

Any woman eligible for TRICARE benefits may receive maternity care from the first obstetric visit through six weeks after delivery. The lists below show what is and what is not covered; the lists are not all-inclusive.

What’s Covered

- Services and supplies associated with prenatal care, labor, delivery and postpartum care
- Circumcision
- Anesthesia for pain management during delivery
- Medically necessary cesarean section
- An ultrasound or sonogram determined to be medically necessary
- Subscription to free weekly e-mail parenting newsletter, “eCareConnect” via www.theparentreview.com/DoD

What’s Not Covered

- Treatments, procedures and technologies related to artificial methods of reproduction including artificial insemination, in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT) or the reversal of a prior surgical sterilization.
- “Routine” ultrasounds or ultrasounds to determine gender that are not medically necessary. The beneficiary may choose to pay for a routine ultrasound separately from her TRICARE benefits. A network provider can utilize the Waiver of Non-Covered Services form when the beneficiary is properly informed, in advance, that TRICARE does not cover a particular service and he or she agrees in writing to be financially responsible. The Waiver of Non-Covered Services form is available online under the “Find a Form” tab at www.triwest.com/provider. However, active duty service members (ADSMs) can’t sign the waiver.
- Personal comfort items such as private rooms and televisions after delivery
- Off-label use of FDA-approved drugs to induce or prevent labor, unless there is reliable evidence that such use is a generally acceptable medical practice
- Home Uterine Activity Monitoring (HUAM), telephonic transmission of HUAM data or HUAM-related telephonic nurse or physician consultation

Be sure to remind the beneficiary to register the newborn in the Defense Enrollment Eligibility Reporting System (DEERS) as soon as possible after the birth or adoption. Once the baby is registered in DEERS, the sponsor will need to enroll the baby in TRICARE Prime within 60 days of birth or adoption. A newborn is covered as a TRICARE Prime beneficiary for the first 60 days following birth or adoption as long as one additional family member is enrolled in TRICARE Prime. If the baby’s mother and father are both ADSMs, either may become the baby’s sponsor.

To determine if a specific service is covered or for more information, visit www.tricare.mil>benefit information>medical>covered services.



TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America’s military family in the 21-state TRICARE West Region.