

Your Benefit Summary

Elective Sterilization



Covered Services

Covered Services under this supplemental benefit endorsement include a Member's elective sterilization (vasectomy or tubal ligation). Prior Authorization is not required and Members may receive Covered Services from the provider and/or facility of their choice.

Please review your medical Benefit Summary for your Copayment or Coinsurance amounts. For Members enrolled on a medical plan with In-Plan and Out-of-Plan benefits, elective sterilization Services are covered at the In-Plan Copayment/Coinsurance amount.

For Members enrolled in a HSA-Qualified Open Option Plan, the calendar year medical/pharmacy Deductible DOES apply to this benefit. Also, Copayments or Coinsurance payments for Services provided by this benefit apply to your calendar year medical/pharmacy Out-of-Pocket Maximum.

For Members on all other plans, the medical Deductible, if any, DOES NOT apply to this benefit, and Copayments or Coinsurance for Services provided by this benefit DO NOT apply to the calendar year Out-of-Pocket Maximums.

All Covered Services are subject to the specific conditions, duration limitations and all applicable maximums of the Group Contract on a Usual, Customary and Reasonable (UCR) cost basis.

Please Note:

Providence Health Plan is a Catholic-sponsored health plan and as a matter of conscience does not offer these services at Providence Health & Services facilities.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **1-800-878-4445**
TTY: **503-574-8702 or 1-888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.providence.org/php/contactus