

washington – large group

## 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 Summary of Benefits 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 High Deductible Health Plan (HDHP) and associated Health Savings Account (HSA), the annual combined medical and pharmacy deductible DOES apply to this benefit. Also, copayments or coinsurance payments for services provided by this benefit apply to your annual combined medical and 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 annual 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 System facilities and arranges for the administration of this benefit through a third party administrator.

<b>customer service:</b>	• Portland Metro Area: 503-574-7500	• All Other Areas: 1-800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 1-888-244-6642
--------------------------	--	--------------------------------------	---

[www.providence.org/healthplans](http://www.providence.org/healthplans)