

Your Benefit Summary

Men's Elective Sterilization



Covered Services

Covered services under this supplemental benefit endorsement include a male Member's elective sterilization (vasectomy). 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 Outpatient Surgery In-Plan Copayment or Coinsurance amount.

For Members enrolled in a Health Savings Account (HSA) plan, your Deductible DOES apply to this benefit.

For Members on all other plans, the medical Deductible, if any, DOES NOT apply to this benefit.

Copayments and coinsurance apply to your medical plan Out-of-Pocket Maximum.

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. Services are available at other Participating 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: **800-878-4445**
TTY: **711**



Have questions about your benefits and want to contact us via email? Go to our website at:
www.ProvidenceHealthPlan.com/contactus