**[Section [XXXII]]**

*{Drafting Note: Insert the appropriate section number, following the*

*order of provisions in the Table of Contents, if a section number is used for riders.*

*This rider should be offered to employees in small groups that meet the definition of “religious employer” pursuant to Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the Insurance Law and may also be used for employees in large groups, except coverage of vasectomies may be removed for any large group. The limit regarding the reversal of elective sterilizations may be revised or removed for non-standard NYSOH plans and plans offered outside NYSOH.}*

**Coverage for Contraceptive Drugs, Devices and other Products and**

**Family Planning Services**

1. **General.**

This rider amends the benefits of Your [Certificate; Contract; Policy] and provides Coverage for the following:

* We Cover contraceptive drugs, devices and other products, including over-the-counter contraceptive drugs, devices and other products, approved by the FDA and as prescribed or otherwise authorized under State or Federal law. “Over-the-counter contraceptive products” means those products provided for in comprehensive guidelines supported by HRSA. You can have the entire prescribed supply (of up to 12 months) of the contraceptive drug, device or product dispensed at the same time. Coverage also includes emergency contraception when provided pursuant to a prescription or order or when lawfully provided over-the-counter. You may request coverage for an alternative version of a contraceptive drug, device and other product if the Covered contraceptive drug, device and other product is not available or is deemed medically inadvisable, as determined by Your attending Health Care Provider. You may request an exception by having Your attending Health Care Provider complete the Contraception Exception Form and sending it to Us. Visit Our website [at XXX] or call [XXX; the number on Your ID card] get a copy of the form or to find out more about this exception process.
* We also Cover family planning services which consist of FDA-approved contraceptive methods prescribed by a Provider; patient education and counseling on the use of contraceptives and related topics; follow-up services related to contraceptive methods, including management of side effects; counseling for continued adherence, and device insertion and removal; and sterilization procedures for women. Such contraceptive drugs, devices, or other products, family planning services and sterilization procedures are not subject to Copayments, Deductibles or Coinsurance [when provided by a Participating Provider].
* We Cover vasectomies [subject to Copayments, Deductibles or Coinsurance].

*{Drafting Note: The cost-sharing language for vasectomies may be removed for non-standard NYSOH plans, plans offered outside NYSOH and large group coverage.}*

* [We do not Cover services related to the reversal of elective sterilizations.]

**B. Controlling** [**Certificate; Contract; Policy**]**.**

All of the terms, conditions, limitations, and exclusions of Your [Certificate; Contract; Policy] to which this rider is attached shall also apply to this rider except where specifically changed by this rider.