

Gender Dysphoria Services Coverage Effective 1/1/2015

WUSTL health plans will pay for Covered Health Services for the treatment of gender dysphoria*, as follows:

- Hormone replacement therapy services appropriate to the individual's gender identity, i.e., hormones of the desired gender;
- Inpatient or outpatient mental health services connected with gender dysphoria;
- Physician office services and diagnostic services to monitor the safety and efficacy of continuous hormone therapy;
- Gender reassignment surgical services, as medically appropriate, including genital surgery and surgery to change specified secondary sex characteristics, specifically:
 - Thyroid chondroplasty (removal of the Adam's Apple);
 - Bilateral mastectomy;
 - Augmentation mammoplasty if the Physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months is not sufficient for comfort in the social role; and
 - Other procedures consistent with accepted medical practice for the treatment of gender dysphoria according to the World Professional Association for Transgender Health Clarification Statement and Standards of Care

The health plans will pay for covered gender reassignment surgical services, subject to plan deductibles and co-insurance, as outlined below. Coverage for gender reassignment surgery benefits will be limited to a lifetime maximum benefit of \$75,000. The required co-insurance for gender reassignment surgery benefits will not apply to the annual out-of-pocket maximum.

Health Plan	In-network	Out-of-Network
UHC Choice HMO/EPO	20%	N/A
UHC Choice Plus POS	20%	30%, after deductible
PPO Plans	20%, after deductible	40%, after deductible

Covered non-surgical gender dysphoria services will be paid the same as any other covered services under the plans.

Coverage for gender reassignment surgical services is subject to prior authorization by the applicable health insurance carrier. The patient must meet all of the following eligibility criteria for genital surgery and surgery to change secondary sex characteristics:

- Must be age 18 or older;
- Must have completed 12 months of continuous hormone therapy for those without contraindications;
- Must have completed 12 months of successful continuous fulltime real life experience in the desired gender; and

- Must have medical documentation showing that the patient has been properly assessed according to recognized medical practice, World Professional Association for Transgender Health Clarification Statement and Standards of Care.

The following services relating to gender dysphoria are not covered:

- Treatment received outside the United States
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Sperm preservation in advance of hormone treatment or gender surgery
- Cryopreservation of fertilized embryos
- Voice modification surgery or voice therapy
- Facial feminization surgery, including but not limited to facial bone reduction, face “lift”, facial hair removal, and certain facial plastic reconstruction
- Suction-assisted lipoplasty of the waist
- Rhinoplasty, blepharoplasty or abdominoplasty, unless criteria for those services are met
- Surgical or hormone treatment for participants under age 18
- Surgical treatment not prior-authorized by the insurance carrier
- Pubertal suppression therapy
- Services that exceed the maximum dollar limit under the plan

*Definition:

Gender Dysphoria is a condition characterized by all of the following diagnostic criteria:

- 1) The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his/her body as congruent as possible with the preferred sex through surgery and hormone treatment;
- 2) The transsexual identity has been present persistently for at least two years;
- 3) The condition is not a symptom of a mental disorder; and
- 4) The condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.