

Microsoft Gender Affirming Benefit Information

PREMERA BLUE CROSS ADMINISTERS THE GENDER AFFIRMING BENEFIT FOR ELIGIBLE MICROSOFT MEMBERS.

This benefit provides medically necessary coverage for gender dysphoria based on the *Standards of Care* published by the [World Professional Association for Transgender Health \(WPATH\)](#).

To help you understand this benefit and how to use it to manage your care, we're providing you with a description of the benefit's eligibility and coverage. We also include information on how to access providers and services and receive reimbursement for your treatment costs.

Make sure to bring this information to appointments with your providers so they are aware of your coverage.

Tips for gender affirming benefit access

- **Understanding your benefits and coverage.** In addition to the benefit information presented here, review your **Summary Plan Description** to better understand your benefit coverage and eligibility requirements.
- **For assistance on finding a provider in your plan's network,** call Premera customer service at **800-676-1411 (TTY: 711)**, and they will assist you in finding a provider in your plan's network. We encourage you to use a provider in your plan's network to help protect yourself against high, unexpected out-of-pocket costs while still receiving the highest level of coverage.
- **Using an out-of-network provider.** When using an out-of-network provider, be sure to advocate for yourself. Ask the provider for pricing and any estimated out-of-pocket costs up front. Do not sign private payment forms or Premera will not be able to assist you with pricing. Call Premera customer service if the provider will not provide you with pricing for services. We may be able to help you reduce your out-of-pocket costs when using an out-of-network provider.
- **Acquiring prior authorization for treatment.** Prior authorization is strongly recommended for some planned services and procedures before you get them. Most health care providers are familiar with this review process, so your provider should contact Premera on your behalf.

When consulting a surgeon for surgical services, provide your surgeon with copies of this tip sheet that provides a summary of the WPATH criteria below. If you plan to receive services outside of the United States, we strongly recommend that your provider request prior authorization from Premera.

It's also a good idea to become familiar with WPATH medically necessary services before getting any planned services and procedures.

- **Getting reimbursed and claims processing.** You or your provider will need to complete and submit claim forms to Premera. If you are using coordination of benefits (that's where you use another health plan as your primary coverage and your Microsoft plan as secondary coverage), you will need to provide either an explanation of benefits (EOB) statement or a denial from your primary health insurance company if they don't cover gender affirming services. This will allow Premera to process your claims as your secondary health plan.

To submit your own claims for the services received outside the United States, be sure to include your chart notes and operative reports. These should be submitted with your claim form and all the necessary requirements of the benefit.

Description of the gender affirming benefit

This benefit covers medically necessary gender affirming surgical services, including facility and anesthesia charges related to the surgery. Coverage on prescription drugs and mental health treatment associated with gender affirming surgery is available under the Prescription Drugs and Mental Health benefits.

Gender affirming surgical services

To view your **Summary Plan Description** for benefit coverage for the plan you are enrolled in, visit aka.ms/benefits.

When services are covered

Surgical gender affirming services will be considered medically necessary and covered if you are diagnosed as having gender dysphoria or gender incongruence, and the following criteria are met:

Surgery criteria for adults¹:

- Gender incongruence is marked and sustained
- Meets diagnostic criteria for gender incongruence prior to gender affirming surgical intervention in regions where a diagnosis is necessary to access health care
- Demonstrates capacity to consent for the specific gender affirming surgical intervention
- Understands the effect of gender affirming surgical intervention on reproduction and they have explored reproductive options
- Other possible causes of apparent gender incongruence have been identified and excluded
- Mental health and physical conditions that could negatively impact the outcome of gender affirming surgical intervention have been assessed leading to a discussion about the risks and benefits of the surgical intervention

Surgery criteria for Adolescents¹:

- A comprehensive biopsychosocial assessment including relevant mental health and medical professionals
- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible
- Gender incongruence is marked and sustained
- Meets diagnostic criteria for gender incongruence in situations where a diagnosis is necessary to access health care
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for treatment
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility
- At least 12 months of gender affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender affirming treatment unless hormone therapy is either not desired or is not medically advised

¹Criteria is listed on page S256 of the Standards of Care WPATH version 8 document.

Prior authorization

Prior authorization, also referred to as a pre-service review, is strongly recommended for coverage to be made available for gender affirming surgical services. Either the member or the provider may contact Premera for prior authorization.

Prior authorization confirms that the treatment plan submitted by the treating provider is medically necessary for the condition based on national, evidence-based guidelines. Premera and Microsoft reserve the right to have appropriate medical professionals review current treatment at any time to determine if medical necessity criteria continue to be met.

For gender affirming services, the prior authorization should include:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed
- Information supporting the criteria listed above has been met, based on the surgery being requested

Your physician can fax this information to **800-843-1114**, or mail it to:

Premera Blue Cross
Attn: Integrated Health Management
PO Box 91059
Seattle, WA 98111-9159

A prior authorization is an advance determination by Premera that the service is medically necessary and that the member's plan has benefits available for the service being requested. This determination gives claimants an opportunity to submit medical records in advance. This can help establish medical necessity and determine the member's potential financial responsibility, before the service is provided. Services are subject to eligibility and benefits at the time of service.

Eligible services

Examples of covered gender affirming surgical services include, but are not limited to the following:

Chest/Breast	Genital		Other	
Breast augmentation	Clitoroplasty	Phalloplasty	Blepharoplasty	Lip reduction
Mastectomy	Hysterectomy	Scrotoplasty	Chin augmentation	Liposuction
Nipple reconstruction	Labiaplasty	Vaginectomy	Face lift	Rhinoplasty
Rib excision	Metodioplasty/	Vaginoplasty	Facial bone reduction	Tracheal shave
	Metaoidioplasty	Vulvectomy	Hair removal	
	Penectomy		Laryngoplasty	

Additional surgical services would be considered through prior authorization review using the most current *Standards of Care* by WPATH.

Eligible providers

To receive the highest benefit, it is recommended that you use a provider in your plan's network. Search your plan's providers by visiting aka.ms/benefits, or by calling Premera customer service at **800-676-1411 (TTY: 711)**.

Note: This is only intended to serve as a guide and is not a guarantee for payment or coverage; refer to the **Summary Plan Description** for benefit and coverage information.

Commonly asked questions

Which providers are in my plan's network? How do I find out if a provider is in my plan's network?

Call Premera customer service at **800-676-1411 (TTY: 711)** to request a list of approved Premera in-network providers. If you already found a provider, visit aka.ms/benefits to confirm the provider is contracted.

Many providers are out of network. In those cases, the medical plan would pay at the out-of-network benefit level. Out-of-network providers may require up-front payment for their services. Premera may be able to work with the provider on a Letter of Agreement, stating the intent to pay for the services up to the benefit limit covered under the prior authorization.

Premera recommends knowing the requirements of the benefit when seeking surgical services. Take copies of the benefit language and this tip sheet when you see the surgeon so that he or she can submit them with the clinical information.

Is gender affirming medical treatment for children covered?

Yes. The plan will cover non-surgical medical treatment (such as hormone therapy and mental health treatment) for minors with gender dysphoria or gender incongruence. Surgical interventions are considered when appropriate as outlined per WPATH.

Are the mental health visits covered by the plan?

Yes. The plan covers any of the associated mental health visits the same as any other service under the benefits of the medical plan. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

What procedures are specifically excluded under this benefit?

Procedures requested that are not specifically listed in

the current version of WPATH will be reviewed for medical necessity based on clinical information sent by your provider for prior authorization.

Are estrogen patches covered for hormone replacement therapy?

Yes. This benefit will be covered under the Prescription Drugs benefit.

Will hair removal be covered for male to female transition?

Yes. See your **Summary Plan Description** at aka.ms/benefits for plan-specific coverage information. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

Will testosterone replacement be covered?

Yes. See your **Summary Plan Description** at aka.ms/benefits for plan-specific coverage information. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

Resources

Submit claims form to:

Premera Blue Cross
PO Box 91059
Seattle, WA 98111-9159
Fax: 425-918-5231
claims.microsoft@premera.com

Submit prior authorization physician forms to:

Premera Blue Cross
Attn: Integrated Health Management
PO Box 91059
Seattle, WA 98111-9159
Fax: 800-843-1114

Premera customer service:

microsoft@premera.com
800-676-1411 (TTY: 711)
Fax: 800-676-1477

Microsoft resources:

Microsoft GLEAM Sharepoint
<http://www.microsoft.com/en-us/diversity/default.aspx>

World Professional Association for Transgender Health (WPATH):

<https://www.wpath.org/>

This guide provides highlights of Microsoft's benefit plans. For full information on your benefits, including any limitations that may apply to you, please see the official Summary Plan Description. Microsoft reserves the right to change or terminate the benefits described in this guide at any time.

Notice of availability and nondiscrimination 800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ ដើម្បីជួយចំណាត់ថ្នាក់ដល់សមាស្ស័យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໃຫ້ເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.