

Gender transition/affirmation FAQ

PREMERA BLUE CROSS

What does the gender transition/affirmation benefit cover?

The gender transition/affirmation benefit provides coverage for the treatment of gender dysphoria, formerly called gender identity disorder.

Benefits are:

- Provided for medically necessary surgical services, including facility and anesthesia fees
- Available for specialized surgical procedures (breast/chest and genital) and other related services depending on your plan

Requirements for surgical procedures vary and are outlined below. This benefit works the same as other benefits in your medical plan. Standard copays, coinsurance, deductible, and limitations apply.

There is no lifetime out-of-pocket maximum for covered surgical gender transition/affirmation services. Check your benefit booklet for your out-of-pocket maximum.

This benefit covers you, your spouse/domestic partner and enrolled dependents. You must be:

- Age 18 or older, and capable of making an informed decision about consenting to treatment*
- Diagnosed with gender dysphoria

This document tells you:

- What is covered
- Who is eligible
- How to get approvals
- How to get your coverage
- Answers to commonly asked questions
- Resources

Premera has Personal Health Support clinicians who can help you navigate this complex benefit. Call 800-722-1471 (TTY: 711).

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*Coverage for non-surgical treatment of gender dysphoria (such as hormones and psychological therapy) is available for adolescents under age 18.

Specialized surgical procedures

Covered services include, but are not limited to, the following surgeries. They must be medically necessary and meet plan requirements. Select outpatient and inpatient surgeries and some other services and supplies require prior authorization. These procedures DO require additional recommendation letter(s).

	Breast/Chest	Genital
FEMALE TO MALE	Mastectomy	Hysterectomy Phalloplasty* Scrotoplasty Vaginectomy Vulvectomy
MALE TO FEMALE	Breast augmentation Nipple reconstruction	Clitoroplasty Labiaplasty Orchiectomy Penectomy Vaginoplasty*

*Includes hair removal prior to surgery.

Who is eligible?

Medically necessary, surgical gender affirmation or transition reassignment services are available for covered employees, spouses / domestic partners and dependents, if the covered individual is at least 18 years old.

Do I need prior authorization to receive services?

Your doctor is strongly encouraged to submit a prior authorization request to Premera to find out if the plan covers your surgery. For some services, prior authorization is required. The prior authorization request should be submitted by the physician who will perform the service(s) and can be submitted through the Premera resources listed below.

For gender transition/affirmation services, the prior authorization request should include:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed
- Information that confirms that services are recognized as medically necessary for the surgery being requested
- Required letter(s) of recommendation from mental health professionals

For genital surgery:

You must have two letters of recommendation for surgery. Letters must be based on evaluations or psychotherapy done within the last six months and need to be from two separate mental health professionals. The letters can be from master's degree level or doctoral level professionals. The letters must show that you have persistent gender dysphoria.

You must also have an evaluation within the last six months by the surgeon who is going to do the surgery that shows that you are healthy enough for surgery.

For breast/chest surgery:

You must have one letter of recommendation for surgery from a mental health professional. The letter must be based on an evaluation or psychotherapy done within the last six months. The letter can be from a master's degree level or doctoral level professional. The letter must show that you have persistent gender dysphoria.

You must also have an evaluation within the last six months by the surgeon who is going to do the surgery that shows that you are healthy enough for surgery.

Please note: Reviews may take up to 15 days to be completed.

Claims processing and reimbursement:

You or your doctor will need to submit claims for processing.

If your doctor or facility is in network:

Doctors or facilities (such as hospitals and surgical centers) who contract with Premera to provide services will submit claims for you. Using a provider in your plan network will protect you against high, unexpected out-of-pocket costs and deliver the highest level of coverage. Call Premera customer service at **800-722-1471** (TTY:711) for help finding a provider in your network.

If your doctor or facility is out of network:

You may submit a claim form to Premera. Please make sure you have all the procedure and diagnosis codes, as well as costs for each procedure and medical records. This will ensure timely and accurate processing of your claim(s). 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. Before signing a private payment form, check with Premera customer service at **800-722-1471** (TTY:711). We may be able to help you reduce your out-of-pocket costs when using an out-of-network provider.

Additional Information:

We're here to help! If you have questions about gender transition/affirmation services, claims, or the preservice review process, contact Premera by:

- Calling customer service at **800-722-1471** (TTY:711)
- Sending a secure email when you sign in to your account at **premera.com**.

When possible, use in-network doctors to get the most out of your benefits. Find doctors in your network with the Find a Doctor tool when you log in at **premera.com**. Or call customer service at **800-722-1471** (TTY:711).

Many gender-affirming doctors are out of network. If you receive services from an out-of-network doctor, your medical plan will pay at the out-of-network benefit level. Out-of-network doctors may require up-front payment for their services. Premera may be able to work with the doctor to reduce your costs. If interested, doctors may request a letter of agreement (LOA) by contacting any of the Premera resources below. Out-of-network doctors may submit an LOA when covered services are not available within the existing Premera network.

We advise you to keep copies of letters of recommendation and bring them to your doctor or surgeon. Your doctor will submit them as part of your prior authorization request. Each recommendation must state that the surgery is medically necessary.

Commonly asked questions

Which gender affirming doctors are in my plan's network? How do I find out if a gender affirming doctor is in my plan's network?

To confirm that a doctor you've been referred to is in your network:

- Sign in to your account on premera.com and search Find a Doctor
- Call customer service at **800-722-1471**

Many gender affirming doctors are out of network. In those cases, the medical plan would pay at the out-of-network benefit level. Out-of-network doctors 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 required letters from the mental health professionals when you see the surgeon so that he or she can submit them with the clinical information.

What does Premera consider to be a "mental health professional"? Are there certain provider types or education requirements?

For the gender transition/affirmation services benefit, a mental health professional is defined as any master's degree-level or doctoral level mental health practitioner. The Mental Health benefit section of your benefit booklet (found at premera.com) provides more detailed information.

Is gender transition/affirmation medical treatment for children covered?

Yes. The plan will cover non-surgical medical treatment (such as mental health visits and hormone therapy for adolescents) for minors with a diagnosis of gender dysphoria. Surgical interventions are considered when individuals reach age 18 or as outlined in the benefit booklet (found at at premera.com).

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.

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?

Hair removal is covered prior to phalloplasty and vaginoplasty. Hair removal from other body areas may also be covered for some plans. Please refer your benefit booklet (found at at premera.com) and the **medical policy** for more information. When seeing an out-of-network provider, you are responsible for the difference between the amount the plan pays and the billed charges.

Will testosterone replacement be covered?

Yes. When seeing an out-of-network provider, you are responsible for the difference between the amount the plan pays and the billed charges.

What procedures are specifically excluded under this benefit?

Surgeries primarily for feminization or masculinization are covered by some plans, but by other plans considered cosmetic and therefore are excluded from coverage on most contracts. Please refer to your benefit booklet (found at at premera.com) and the **medical policy** for more information.

PREMERA BLUE CROSS RESOURCES

Customer Service: **800-722-1471** (TTY:711) (5 a.m. – 8 p.m. Pacific Time)

Care Management: **800-722-1471** (6 a.m. – 5 p.m. Pacific Time)

Find a Doctor Tool: **premera.com**

Submit preservice review requests to:

Premera Blue Cross

Fax: 800-843-1114

Submit claim forms to:

Premera Blue Cross

PO Box 91059

Seattle, WA 98111-9159

Online:

- Log in to your account on **premera.com**
- Submit claim forms through the secure inbox

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, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the 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, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።
- XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານວ່າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).
- توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.