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 888-742-1479.

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

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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 reassigment 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 **877-AAG-3525 (877-224-3525)** (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 **877-AAG-3525 (877-224-3525)** (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 **877-AAG-3525 (877-224-3525)** (TTY:711)
- Sending a secure email when you sign in to your account at **premera.com/aag**.

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/aag**. Or call customer service at **877-AAG-3525 (877-224-3525)** (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/aag** and search Find a Doctor
- Call customer service at **877-AAG-3525 (877-224-3525)**

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/aag**) 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/aag**).

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/aag**) 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/aag**) and the **medical policy** for more information.

PREMERA BLUE CROSS RESOURCES

Customer Service: **877-AAG-3525 (877-224-3525)** (TTY:711) (5 a.m. – 8 p.m. Pacific Time)

Care Management: **888-742-1479** (6 a.m. – 5 p.m. Pacific Time)

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

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/aag**
- Submit claim forms through the secure inbox