



Gender Reassignment Surgery

This plan pays for gender reassignment surgery when (1) the surgery has been deemed to be Medically Necessary and Appropriate, and (2) when the corresponding medical necessity criteria have been met. The below are gender reassignment, dysphoria, and related services that are currently covered under certain inpatient, outpatient, and drug benefits as applicable under the plan:*

MALE-TO-FEMALE

1. Breast/chest surgery, including augmentation mammoplasty (implants/lipofilling)
2. Genital surgery including:
 - penectomy
 - orchiectomy
 - vaginoplasty
 - clitoroplasty
 - labiaplasty
 - vulvoplasty

FEMALE-TO-MALE

1. Breast/chest surgery
 - mastectomy (subcutaneous)
 - creation of a male chest
2. Genital surgery
 - hysterectomy
 - oophorectomy
 - urethroplasty
 - metoidioplasty
 - phalloplasty
 - vaginectomy
 - scrotoplasty
 - implantation of erection and/or testicular prosthesis

OUTPATIENT BENEFITS INCLUDE

- psychotherapy for gender identity disorders and associated co-morbid psychiatric diagnoses
- continuous hormone replacement
- laboratory testing to monitor the safety of continuous hormone therapy

With some exceptions, the following non-genital, non-breast aesthetic surgical procedures are considered cosmetic in nature and therefore are not deemed to be a Covered Service and Supply:

PROCEDURES THAT ASSIST IN FEMINIZATION (MALE-TO-FEMALE)

- reduction thyroid chondroplasty (trachea shave)
- suction-assisted lipoplasty of the waist
- rhinoplasty
- facial feminization surgery / facial bone reduction / jaw shortening / sculpturing
- face-lift
- blepharoplasty
- voice modification surgery (vocal cord shortening)
- hair reconstruction / hair removal / electrolysis
- rhytidectomy
- gluteal augmentation (implants/lipofilling)

PROCEDURES THAT ASSIST IN MASCULINIZATION (FEMALE-TO-MALE):

- voice surgery
- liposuction (e.g., reduce fat in hips, thighs, and buttocks)
- pectoral implants
- chin implants
- lip reduction