

SEGIP Gender Affirmation Health Coverage FY2024

Carrier/Phone	Benefits Available	Exclusions	Notes
Health Maintenance Organization Plans			
Aetna HMO 855.339.9731 800.628.3323 TDD/TTY aetnastateofillinois.com	<ul style="list-style-type: none"> • Gender reassignment services are covered the same as any other medical expense in accordance with the Clinical Policy Bulletin. Applicable member cost share applies per service, service location and provider participation. • The Clinical Policy Bulletin includes a list of what is considered medically necessary under the plan. 	<ul style="list-style-type: none"> • Services not considered medically necessary and cosmetic are excluded under the plan (see the Clinical Policy Bulletin) • The Clinical Policy Bulletin includes a list of what may be considered cosmetic or not medically necessary and excluded under the plan. 	See the Clinical Policy Bulletin and the Transgender Services brochure . View the HMO Summary Plan Description for plan information. Contact Aetna directly with any questions.
BlueAdvantage HMO 800.868.9520 866.876.2194 TDD/TTY bcbsil.com/stat eofillinois	<ul style="list-style-type: none"> ▪ Behavioral Health counseling is the preferred method to address gender issues and diagnose Gender Dysphoria. A Behavioral Health professional works in conjunction with the member's Primary Care Physician (PCP) to determine the diagnosis. The PCP determines the medical necessity for Transgender Services. ▪ After PCP approval and the HMO has been notified; the following Transgender Services can be covered: <ul style="list-style-type: none"> ○ Hormonal therapy including related labs, specialist office visits and testing ○ Pre-surgical evaluation ○ Genital Transgender surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery ○ Breast augmentation or breast reduction surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery ○ Electrolysis on the affected skin in preparation for the construction of genitalia. 		View the BlueAdvantage HMO Benefit Booklet for plan information. Contact BlueAdvantage directly with any questions.

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 Contact the carrier directly with specific questions. Changes may occur from plan year to plan year.

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	<ul style="list-style-type: none"> ○ Cosmetic surgery, including, but not limited to facial surgery, body contouring, other electrolysis services (not related to genitalia construction) ○ Laryngeal or tracheal procedures, or related services which alter the voice, in the absence of a medical condition or an injury ○ Speech therapy related to voice contouring in the absence of a medical condition or injury 		
<p>HMO Illinois 800.868.9520 866.876.2194 TDD/TTY bcbsil.com/stat eofillinois</p>	<ul style="list-style-type: none"> ▪ Behavioral Health counseling is the preferred method to address gender issues and diagnose Gender Dysphoria. A Behavioral Health professional works in conjunction with the member's Primary Care Physician (PCP) to determine the diagnosis. The PCP determines the medical necessity for Transgender Services. ▪ After PCP approval and the HMO has been notified; the following Transgender Services can be covered: <ul style="list-style-type: none"> ○ Hormonal therapy including related labs, specialist office visits and testing ○ Pre-surgical evaluation ○ Genital Transgender surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery ○ Breast augmentation or breast reduction surgery - including all inpatient, outpatient and related follow up care within 90 days of the surgery ○ Electrolysis on the affected skin in preparation for the construction of genitalia. 		<p>View the HMO Illinois Benefit Booklet for plan information.</p> <p>Contact HMO Illinois directly with any questions.</p>

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<p>Health Alliance HMO 800.851.3379 800.526.0844 TDD/TTY healthalliance.org/stateofillinois</p>	<ul style="list-style-type: none"> ● Hormone replacement therapies, including androgen blockers and GnRh hormones, as well as related laboratory tests and monitoring ● Mental health care to support the transition process ● Breast and chest surgeries, including mastectomy and subsequent chest and nipple/ areolar reconstruction, breast augmentation (augmentation mammoplasty, including breast prostheses) – Covered, but see exclusions listed in Section 3 of Medical Policy 305- Gender Confirmation Surgery ● Genital surgical reconstruction and related procedures, by either single stage or multiple stage techniques as appropriate to the individual. For female sex affirmation, these include orchiectomy, penectomy, vaginoplasty, clitoroplasty, and labiaplasty. For male sex affirmation procedures include hysterectomy, salpingo-oophorectomy, vaginectomy, penile reconstruction (metoidioplasty and/or phalloplasty, by various techniques as appropriate to the individual), urethroplasty, scrotoplasty, placement of skin expanders, 	<ul style="list-style-type: none"> ● Hair removal of the face and neck (e.g., through electrolysis or laser treatments), as well as hair removal as required for genital reconstruction surgery (e.g., electrolysis of free flap or other donor skin sites) – cosmetic, not covered ● Facial and other related feminization or masculinization procedures, as appropriate to the individual, which may include: Adam’s Apple reduction (reduction thyroid chondroplasty or tracheal shave); rhinoplasty; facial bone reduction; face-lift; blepharoplasty; voice modification surgery; and liposuction (lipoplasty) of the waist or to reduce fat in hips, thighs and buttocks – see exclusions listed in Section 3 of Medical Policy 305. 	<p>See Medical Policy 305 for Gender Affirmation Surgery (January 2022). Policies are reviewed at least annually and the most current Policy is available at Medical Policies on the Health Alliance website.</p> <p>Refer to policy documents or contact Health Alliance customer service with any questions.</p> <p>View HMO Policy for plan information.</p> <p>Contact Health Alliance directly with any questions.</p>

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	<p>placement of testicular and/or penile prostheses (including external prostheses prior to and independent of surgery) – Covered, preauthorization required</p> <ul style="list-style-type: none"> • All preparatory or ancillary procedures (e.g., blood work, anesthesia, skin, nerve or muscle grafts, etc.) and required equipment or supplies (including prostheses, stents, expanders, etc.) – Covered, no separate preauthorization needed if approved for the surgery • Surgical revision or repair related to such procedures, including necessary removal and/or replacement of prostheses – Covered, see Section 7 of Medical Policy 305-Gender Confirmation Surgery 		
Consumer Driven and Quality Care Health Plans			
<p>CDHP (Aetna) 855.339.9731 800.628.3323 TDD/TTY aetnastateofillinois.com</p>	<ul style="list-style-type: none"> • Gender reassignment services are covered the same as any other medical expense in accordance with the Clinical Policy Bulletin. Applicable member cost share applies per service, service location and provider participation. • The Clinical Policy Bulletin includes a list of what is considered medically necessary under the plan. 	<ul style="list-style-type: none"> • Services not considered medically necessary and cosmetic (see the Clinical Policy Bulletin) • The Clinical Policy Bulletin includes a list of what may be considered cosmetic or not medically necessary and excluded under the plan. 	<p>See the Clinical Policy Bulletin and the Transgender Services brochure.</p> <p>View the CDHP Summary Plan Description for plan information.</p> <p>A Health Savings Account (HSA) is available with the CDHP.</p> <p>Contact Aetna directly with any questions.</p>
<p>QCHP (Aetna) 855.339.9731 800.628.3323 TDD/TTY aetnastateofillinois.com</p>	<ul style="list-style-type: none"> • Gender reassignment services are covered the same as any other medical expense in accordance with the Clinical Policy Bulletin. Applicable member cost share applies per service, service location and provider participation. • The Clinical Policy Bulletin includes a list of what is considered medically necessary under the plan. 	<ul style="list-style-type: none"> • Services not considered medically necessary and cosmetic (see the Clinical Policy Bulletin) • The Clinical Policy Bulletin includes a list of what may be considered cosmetic or not medically necessary and excluded under the plan. 	<p>See the Clinical Policy Bulletin and the Transgender Services brochure.</p> <p>View the QCHP Summary Plan Description for plan information.</p> <p>Contact Aetna directly with any questions.</p>

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Open Access Plans			
<p>Aetna OAP 855.339.9731 800.628.3323 TDD/TTY aetnastateofillinois.com</p>	<ul style="list-style-type: none"> Gender reassignment services are covered the same as any other medical expense in accordance with the Clinical Policy Bulletin. Applicable member cost share applies per service, service location and provider participation. The Clinical Policy Bulletin includes a list of what is considered medically necessary under the plan. 	<ul style="list-style-type: none"> Services not considered medically necessary and cosmetic (see the Clinical Policy Bulletin) The Clinical Policy Bulletin includes a list of what may be considered cosmetic or not medically necessary and excluded under the plan. 	<p>See the Clinical Policy Bulletin and the Transgender Services brochure.</p> <p>View the OAP Summary Plan Description for plan information.</p> <p>Contact Aetna directly with any questions.</p>
<p>HealthLink OAP 800.624.2356 800.624.2356 TDD/TTY healthlink.com/soi/learn-more</p>	<p>Gender Dysphoria Services – The Plan covers eligible charges for sex reassignment surgery (also known as gender reassignment or gender confirmation surgery). Before moving forward with sex reassignment surgery, medical and psychological evaluations, medical therapies, and behavioral trials are evaluated to confirm the surgery is the most appropriate treatment choice for the plan participant.</p> <p>To ensure maximum benefits, the carrier must review and approve the sex reassignment surgery.</p>		<p>Coverage is dependent on the original diagnosis and individual review of medical records. The Plan does not exclude or cover services, as outlined in the WPATH SOC, as a broad stroke answer but each case is reviewed for medical necessity.</p> <p>View the OAP Summary Plan Description for plan information.</p> <p>Contact HealthLink directly with any questions.</p>
<p>Blue Cross Blue Shield OAP 800.868.9520 866.876.2194 TDD/TTY bcbsil.com/stat eoillinois</p>	<p>Covered Services received for gender reassignment Surgery, including related services and supplies will be provided the same as any other condition.</p>	<p>Expenses are not covered for hospitalization, services and supplies deemed not Medically Necessary.</p>	<p>View the OAP Benefit Booklet for plan information</p> <p>Contact Blue Cross Blue Shield directly with any questions.</p>

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