

Sound Health & Wellness Trust – PPO, Group  
Health and Retiree Plans Gender Dysphoria  
Coverage Policy

**Adopted by Mail Ballot 10/19/2015**

**Revisions adopted 01/06/2022**

Treatment of Gender Dysphoria will be considered a Covered Expense provided that the following criteria and all other relevant terms and provisions of the Plan are met;

- I. The Participant has undergone evaluation by a qualified health professional experienced in the evaluation and treatment of patients with gender dysphoria and all relevant comorbid medical and behavioral health conditions. A practitioner will be considered a qualified health professional if they are a board certified in an appropriate discipline or have training in an appropriate field and are practicing within the permitted scope of practice and appropriately licensed in the jurisdiction in which they practice and are qualified to evaluate and treat participants as noted above. To qualify for treatment of gender dysphoria, the participant must satisfy all criteria in the current version of the DSM and have no confounding comorbid health conditions which would be contraindications to treatment, and treatment must have been recommended by a qualified practitioner with appropriate training and credentials acceptable to the Trust.
  
- II. Covered services may include supportive mental health counseling and treatment of any additional co-morbid mental health conditions, appropriate hormonal treatment interventions, orchiectomy, oophorectomy and hysterectomy, as well as genital reconstructive surgery where those interventions and treatments comply with all other provisions of the Plan. For the following services to be considered a Covered Expense, participants must obtain prior approval of an appropriate Plan of Care and comply with the following:
  - a. Hormone Therapy
    - i. Completion of evaluations as outlined above and have a diagnosis of Gender Dysphoria with no contraindications to treatment

- ii. Obtain Prior approval of an appropriate Plan of care through the “Trust’s Utilization/Case Management Vendor. Treatment must be ordered and supervised by a practitioner experienced in the treatment of individuals with Gender Dysphoria.
- b. Orchiectomy, oophorectomy/hysterectomy, genital reconstructive surgery
- i. Well documented and persistent Gender Dysphoria
  - ii. Age 18 or over
  - iii. Obtain Prior approval through the Trust’s utilization and case management vendor
  - iv. Provide two referral letters from qualified health professionals as described above; one of which must be the participants treating health professional and second from an additional qualified health professional acceptable to the Trust who has performed an appropriate evaluation of the participant
  - v. Documented control of any comorbid medical or mental health conditions that would render the participant incapable of making a fully informed decision or interfere with the diagnosis of Gender Dysphoria and substantially diminish the likelihood of a reasonable treatment outcome
  - vi. In the absence of a medical contraindication, complete 12 months of continuous hormone therapy appropriate to the members gender goals and complete 12 months of living in a congruent gender role
  - vii. Obtain treatment from a Trust approved In Network practitioner and facility with appropriate experience in the provision of the requested services unless there are no qualified In Network Providers available.

Covered Services will not include any service considered to be Cosmetic or not medically necessary including but not limited to hair replacement or removal, voice therapy or lessons, liposuction, rhinoplasty, liposuction, breast augmentation, laryngeal or thyroid cartilage shaving or contouring, abdominoplasty, chest wall contouring, facial contouring, collagen injections and any other cosmetic procedure or service otherwise excluded under the Plan. Appropriate screening services covered under the plan will continue to be a Covered Service subject to all other terms and provisions of the Plan regardless of gender assignment including but not limited to mammograms. Mastectomy for participants with Gender Dysphoria seeking female to male reassignment can be considered Covered Expenses provided that all requirements under subparagraph (b) above have been satisfied.