Looking for health insurance for 2018 through HealthCare.gov? We’ve created new state-specific Transgender Health Insurance Guides to help you better understand your options and select a plan that meets your needs and fits your budget.

- To see our analysis of transgender exclusions in silver plans sold through HealthCare.gov, check out: Transgender Health Insurance Guide for 2018: Pennsylvania. These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.

- To see more detailed information about each silver plan, check out the documents below. Insurance companies are listed in bold and we have included links to each plan’s specific Summary of Benefits & Coverage (a summary of plan features and out-of-pocket costs) and Evidence of Coverage (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2018 marketplace plan.

If you still have questions about choosing a plan, we can help. Make an appointment with an LGBT-friendly expert who can help you consider your options and enroll for free.

**UPMC Health Plan**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Summary of Benefits &amp; Coverage</th>
<th>Evidence of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver $0/$50 - Select Network</td>
<td>Summary of Benefits &amp; Coverage</td>
<td>Evidence of Coverage</td>
</tr>
<tr>
<td>Silver $1,750/$50 - Select Network</td>
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</tr>
<tr>
<td>Silver $3,500/$25 - Select Network</td>
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<td>Silver $0/$50 - Partner Network</td>
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### Transgender Health Insurance Guide to the Marketplace

**Silver $3,500/$25 - Tower Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver $0/$50 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver $1,750/$50 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver $3,500/$25 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver $3,500/$30 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**IA Silver $1,750/$50 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**IA Silver $3,500/$25 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**IA Silver $0/$50 - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver HSA $2,700/20% - Partner Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver HSA $2,700/20% - Select Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Silver HSA $2,700/20% - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**IA Silver HSA $2,700/20% - Premium Network**
- Summary of Benefits & Coverage
- Evidence of Coverage

**Capital Blue**

- Silver PPO 5000/10/30 STD
  - Summary of Benefits & Coverage
  - Evidence of Coverage

**Geisinger Health Plan**

- HMO Plan 30/60/4650
  - Summary of Benefits & Coverage
  - Evidence of Coverage – unavailable

- HMO Select Plan 30/60/4650
  - Summary of Benefits & Coverage
  - Evidence of Coverage – unavailable

- HMO Extra Plan 10/50/4500
  - Summary of Benefits & Coverage
  - Evidence of Coverage – unavailable

**Independence Blue Cross**

- Personal Choice Silver Reserve
  - Summary of Benefits & Coverage
  - Evidence of Coverage

- Keystone HMO Silver Proactive
  - Summary of Benefits & Coverage
  - Evidence of Coverage

- Personal Choice PPO Silver
  - Summary of Benefits & Coverage
  - Evidence of Coverage

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**TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE**

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<td>Highmark Blue Cross Blue Shield</td>
<td>my Direct Blue Lehigh Valley EPO 7150S</td>
<td>Summary of Benefits &amp; Coverage</td>
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<td>my Priority Blue Flex HMO 6900S</td>
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