

**2019 PLAN LANGUAGE**

State	Insurer	Relevant Language
AK	Premera Blue Cross Blue Shield of Alaska	<p>“Covered services include: Sexual reassignment surgery if medically necessary and not for cosmetic purposes”</p> <p>“Transgender Services. Benefits for medically necessary transgender services are subject to the same cost-shares that you would pay for inpatient or outpatient treatment for other covered medical conditions, for all ages. To find the amounts you are responsible for, please see the "Medical Care Summary of Costs" earlier in this booklet. Benefits are provided for all transgender surgical services which meet the Premera medical policy, including facility and anesthesia charges related to the surgery. Our medical policies are available from Customer Service, or at <a href="http://premera.com">premera.com</a>. Benefits for gynecological, urologic and genital surgery for covered medical and surgical conditions, other than as part of transgender surgery, are covered under the surgical benefits applicable to those conditions. Please Note: Coverage of prescription drugs, and mental health treatment associated with gender reassignment surgery, are eligible under the general plan provisions for prescription drugs and behavioral health, subject to the applicable plan limitations and exclusions.”</p>
AL	Blue Cross Blue Shield of Alabama	<p>“Cosmetic Surgery: Any surgery done primarily to improve or change the way one appears; cosmetic surgery does not primarily improve the way the body works or correct deformities resulting from disease, trauma, or birth defect. For important information on cosmetic surgery, see the exclusion under Health Benefit Exclusions for cosmetic surgery. Services or expenses for cosmetic surgery and other cosmetic services or supplies.”</p> <p>“Cosmetic surgery is any surgery done primarily to improve or change the way one appears. Reconstructive surgery is any surgery done primarily to restore or improve the way the body works or correct deformities that result from disease, trauma or birth defects. Reconstructive surgery is a covered benefit; cosmetic surgery is not. Complications or later surgery related in any way to cosmetic surgery is not covered, even if medically necessary, if caused by an accident, or if done for mental or emotional relief. You may contact us prior to surgery to find out whether a procedure will be reconstructive or cosmetic. You and your physician must prove to our satisfaction that surgery is reconstructive and not cosmetic. You must show us history and physical exams, visual field measures, photographs and medical records before and after surgery. We may not be able to determine prior to your surgery whether or not the proposed procedure will be considered cosmetic.”</p> <p>“Some surgery is always cosmetic such as ear piercing, neck tucks, face lifts, buttock and thigh lifts, implants to small but normal breasts (except as provided by the Women’s Health and Cancer Rights Act), hair implants for male-pattern baldness and correction of frown lines on the forehead. In other surgery, such as blepharoplasty (eyelids), rhinoplasty (nose), chemical peel and chin implants, it depends on why that procedure was done. For example, a person with a deviated septum may have trouble breathing and may have many sinus infections. To correct this they have septoplasty. During surgery the physician may remove a hump or shorten the nose (rhinoplasty). The septoplasty would be reconstructive surgery while the rhinoplasty would be denied as cosmetic surgery. Surgery to remove excess skin from the eyelids (blepharoplasty) would be cosmetic if done to improve your appearance, but reconstructive if done because your eyelids kept you from seeing very</p>

		well.”
	Bright Health	<p>“Reconstructive Procedures. Covered Health Services under this section include reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures that are associated with an Injury, Sickness, or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness, or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.”</p> <p>“Physical Appearance. Health care services excluded under this provision include the following: ? Cosmetic Procedures. See the definition in the Definitions section. Examples include: ? Pharmacological regimens, nutritional procedures, or treatments. ? Scar or tattoo removal or revision procedures (such as salabrasion, laser removal, chemosurgery, and other such skin abrasion procedures). ? Skin abrasion procedures performed as a treatment for acne. ? Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. ? Treatment for skin wrinkles or any treatment to improve the appearance of the skin, including blepharoplasty or eyelid surgery. ? Treatment for spider veins or varicose veins. This includes, but is not limited to vein stripping, laser procedures or surgery. ? Fat injections or fat grafting. ? Hair removal or replacement by any means. ? Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. ? Treatment of benign gynecomastia (abnormal breast enlargement in males). ? Breast reduction surgery that is determined to be a Cosmetic Procedure. This exclusion does not apply to breast reduction surgery that is required to treat a physiologic functional impairment or which is required by the Women's Health and Cancer Right's Act of 1998 and described under the Benefits/Coverages (What is Covered) section of this Policy. ? Physical conditioning programs such as athletic training, bodybuilding, exercise, fitness, flexibility, and diversion or general motivation. ? Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. ? Wigs, toupees, hair transplants or hair weaving for male pattern baldness.”</p>
	Ambetter	“General limitations: Covered expenses will not include: For cosmetic breast reduction or augmentation (does not include reduction mammoplasty or gender dysphoria when deemed medically necessary by us);”
AR	Blue Cross Blue Shield of Arkansas	<p>“Reconstructive Surgery (Cosmetic Services are not covered): "Gender Reassignment Surgery for Gender Dysphoria. Subject to all other terms, conditions, exclusions and limitations of the Plan as set forth in this Policy, as well as Prior Approval from the Company, coverage is provided for gender reassignment surgery for Covered Persons meeting diagnostic criteria and therapeutic Provider criteria as specified in Coverage Policy. Failure of the Covered Person’s treating Provider to submit a pre-service claim for Prior Approval will result in denial of coverage.”</p> <p>“PLEASE NOTE: Prior Approval does not guarantee payment or assure coverage; it means only that the information furnished</p>

		<p>to us at the time indicates that the gender reassignment surgery services meet the Primary Coverage Criteria requirements set out in Subsection 2.2 and the Applications of the Primary Coverage Criteria set out in Subsections 2.4.1.b., e., or f. and is not subject to a Specific Plan Exclusion (see Section 4.0). All Health Interventions receiving Prior Approval must still meet all other coverage terms, conditions, and limitations. Coverage for approved services may still be limited or denied if, when the post-service claim is received by us, investigation shows that a benefit exclusion or limitation applies because of a difference in the Health Intervention described in the pre-service claim and the actual Health Intervention, that the Covered Person ceased to be eligible for benefits on the date services were provided, that coverage lapsed for non-payment of premium, that out-of network limitations apply, or any other basis specified in this Policy. For more information about pre-service claims and Prior Approval, please see Subsection 7.1.3.b.”</p> <p>“Plan Exclusions: "Cosmetic Services. All services or procedures related to or complications resulting from Cosmetic Services are not covered even if coverage was provided through a previous carrier.”</p>
	QualChoice	Information unavailable
AZ	Ambetter	“Gender Affirming Services: "Medically necessary gender affirming services, including, but not limited to, psychotherapy, pre-surgical and post-surgical hormone therapy, and surgical services (e.g., such as genital surgery and mastectomy), for the treatment of gender dysphoria are covered. Services not medically necessary for the treatment of gender dysphoria are not covered. Gender affirming surgical services must be performed by a qualified provider in conjunction with gender affirming surgery or a documented gender affirming surgery treatment plan.”
	Cigna	<p>“Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.”</p> <p>"Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one’s appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis diplation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is Medically Necessary.”</p>
	Blue Cross Blue Shield of Arizona	““Cosmetic” means surgery, procedures or treatment, and other Services performed primarily to enhance or improve appearance, including but not limited to, and except as otherwise required by federal or state law, those surgeries, procedures, treatments and other Services performed in the absence of a functional impairment of a body part or organ as

		<p>documented in the medical record, even if such Services will improve emotional, psychological, or mental condition or function."</p> <p>"Benefit Description: Benefits are available for Reconstructive Surgery, which is surgery performed to improve or restore the impaired function of a body part or organ resulting from one of the following: · Congenital defects · Illness and disease · Injury and trauma · Surgery · Therapeutic intervention · Other Services required by federal or state law to be covered."</p> <p>"Cosmetic surgery and any related complications, procedures, treatment, office visits, consultations and other services for Cosmetic purposes. This exclusion does not apply to breast reconstruction following a medically necessary mastectomy to the extent required by federal and state law, or to other Services required by federal or state law to be covered."</p>
	Bright Health	<p>"Covered Health Services under this section include reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures that are associated with an Injury, Sickness, or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness, or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure."</p>
	Oscar	<p>"Cosmetic or Reconstructive surgery, which in the opinion of us is, performed to alter an abnormal or normal structure solely to render it more esthetically pleasing where no significant anatomical functional impairment exists. The following are examples of non-covered services: • Rhinoplasty and associated surgery • Rhytidectomy or rhytidoplasty • Breast augmentation/implantation • Blepharoplasty without visual impairment • Breast reduction which is not medically necessary, as determined by us • Otoplasty • Skin lesions without functional impairment, suspicion of malignancy or located in area of high friction • Keloids • Procedures utilizing an implant which does not alter physiologic function • Treatment or surgery for sagging or extra skin • Liposuction • Non-medically necessary removal or replacement of breast implants, as determined by us."</p>
DE	Highmark	<p>"For a cosmetic or reconstructive procedure or surgery done to improve the appearance of any portion of the body, and from which no improvement in physiological function can be expected, except: as otherwise required by law; or except a) as otherwise provided when necessitated by a covered sickness or injury; when required to correct a condition directly resulting from an accident; or b) to correct a congenital birth defect;"</p>
FL	Ambetter	<p>"Covered expenses will not include, and no benefits will be paid for any charges that are incurred: For cosmetic breast reduction or augmentation except post-mastectomy for breast cancer and the medically necessary treatment of gender dysphoria....For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a functional defect or birth defect in a child who has been a</p>

	member from its birth until the date surgery is performed."
Blue Cross Blue Shield of Florida	<p>"5. Gender reassignment surgery and Services related to gender dysphoria or gender transition are covered. Note: Gender reassignment surgery must be authorized, in advance, by us in order to be covered." Exclusions: "The following Services, which are considered cosmetic in nature, are not covered when used to improve the gender specific appearance of an individual. Examples of Services which are considered cosmetic include, but are not limited to: 1. reduction thyroid chondroplasty; 2. liposuction; 3. rhinoplasty; 4. facial bone reconstruction; 5. face lift; 6. blepharoplasty; 7. voice modification surgery; 8. hair removal/hairplasty; and 9. breast augmentation."</p> <p>"Cosmetic Services, including any Service to improve the appearance or self-perception of an individual, including and without limitation: cosmetic surgery and procedures or Supplies to correct hair loss or skin wrinkling such as Minoxidil, Rogaine, Retin-A and hair implants/transplants, or Services used to improve the gender specific appearance of an individual including, but not limited to reduction thyroid chondroplasty, liposuction, rhinoplasty, facial bone reconstruction, face lift, blepharoplasty, voice modification surgery, hair removal/hairplasty, and breast augmentation."</p>
Florida Health Care Plans	<p>"Gender Dysphoria &amp; Sexual Re-assignment/Modification: To be covered, the following services related to sexual re-assignment or modification must meet Medical Necessity Criteria and require Prior Authorization from FHCP: 1. Hormone Therapy; 2. Psychological / Behavioral Health Therapy; 3. Sexual re-assignment procedure(s)"</p> <p>"Cosmetic Services, including any Service to improve the appearance or self-perception of an individual, including without limitation: cosmetic surgery; cosmetic procedures during, or related to, sexual transition, reassignment, or modification; body sculpting; and procedures or supplies to correct hair loss or skin wrinkling (e.g., Minoxidil, Rogaine, Retin-A)."</p> <p>Exclusions: "Penile Prosthesis and/or surgery to insert or remove penile prosthesis for the purpose of erectile dysfunction regardless of the etiology are an exclusion. Penile implantation performed a part of a covered sexual reassignment procedure is a covered benefit reversal of such a procedure is excluded.)"</p> <p>"Reversal of Voluntary, Surgically-induced Sterility or Sexual Re-assignment/Modification, including without limitation, the reversal of tubal ligations, and vasectomies."</p>
Molina	<p>"We cover outpatient mental and behavioral health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of "Mental Disorders." "We cover inpatient hospital mental or behavioral health services, including services for the treatment of gender dysphoria, only when the Member has a "Mental Disorder."" " We cover the following reconstructive surgery services: • Reconstructive surgery to correct or repair abnormal structures of the body caused by: o Congenital defects o Developmental abnormalities o Trauma o Infection o Tumors o Disease"</p> <p>"You must get Prior Authorization for the following services, among others. This is not an all-inclusive list. This does not apply to Emergency Services or Urgent Care Services, except as indicated below. • Cosmetic, plastic, and reconstructive procedures"</p>

	"Cosmetic Services: Services intended primarily to change or maintain Your appearance are not covered."	
Florida Hospital Care Advantage	"Sexual Reassignment or Modification Services: Sexual reassignment and modification services excluded from Coverage. This exclusion includes any service or supply related to such treatment, including psychiatric services and Prescription Drugs....Cosmetic Surgery: Plastic and Reconstructive Surgery and other services and supplies to improve the Insured's appearance or self-perception (except as Covered under the Breast Cancer Treatment category in the Covered Services section of this Certificate), including, without limitation, procedures or supplies to correct hair loss or the appearance of skin wrinkling (e.g., Minoxidil, Rogaine, Retin-A), and hair implants/transplants, are excluded from Coverage."	
Health First Health Plans	"Sexual Reassignment or Modification Services: Sexual reassignment and modification services excluded from Coverage. This exclusion includes any service or supply related to such treatment, including psychiatric services and Prescription Drugs....Cosmetic Surgery: Plastic and Reconstructive Surgery and other services and supplies to improve the Insured's appearance or self-perception (except as Covered under the Breast Cancer Treatment category in the Covered Services section of this Certificate), including, without limitation, procedures or supplies to correct hair loss or the appearance of skin wrinkling (e.g., Minoxidil, Rogaine, Retin-A), and hair implants/transplants, are excluded from Coverage."	
Oscar	"The following Services, which are considered cosmetic in nature, are not covered when used to improve the gender specific appearance of an individual. Examples of Services which are considered cosmetic include, but are not limited to: 1. reduction thyroid chondroplasty; 2. liposuction; 3. rhinoplasty; 4. facial bone reconstruction; 5. face lift; 6. blepharoplasty; 7. voice modification surgery; 8. hair removal/hairplasty; or 9. breast augmentation." "Cosmetic Services, including any Service to improve the appearance or self-perception of an individual, including and without limitation: cosmetic surgery and procedures or Supplies to correct hair loss or skin wrinkling such as Minoxidil, Rogaine, Retin-A and hair implants/transplants, or services used to improve the gender specific appearance of an individual including, but not limited to reduction thyroid chondroplasty, liposuction, rhinoplasty, facial bone reconstruction, face lift, blepharoplasty, voice modification surgery, hair removal/hairplasty, and breast augmentation."	
GA	Ambetter	"Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: 4. For cosmetic breast reduction or augmentation, except for the medically necessary treatment of gender dysphoria....11. For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect in a child who has been a member from its birth until the date surgery is performed."
	Kaiser Permanente	"All Reconstructive Surgery as described in this section require Prior Authorization as described under "Prior Authorization for Services" at the beginning of this section. We cover the following types of reconstructive surgery: x Reconstructive surgery that a Plan Provider determines will result in significant change in physical function for conditions that result from congenital abnormalities, Medically Necessary surgery, or injuries. x Reconstructive surgery that a Plan Provider determines will correct a significant disfigurement caused by Medically Necessary surgery or by an injury. x Reconstructive surgery incident to a mastectomy. Prostheses are covered only as described under "Prosthetics and Orthotics." x Reconstructive

		<p>surgery performed to restore and achieve symmetry following a mastectomy. x Surgery for treatment of a form of congenital hemangioma known as port wine stains on the face of Members.”</p> <p>“x Cosmetic surgery, plastic surgery, or other Services, other than those listed above, that are intended primarily to change Your appearance, or will not result in significant improvement in physical function are not covered. x Surgery that is performed to alter or reshape normal structures of the body in order to change appearance is not covered. x Surgery after removal of breast implants originally inserted for cosmetic reasons is not covered. x Prosthetic and orthotic devices are covered only as described under “Prosthetics and Orthotics”</p>
	Anthem	<p>"Cosmetic Services. Provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded plan prior to coverage under this Contract. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance."</p> <p>"Benefits include reconstructive surgery to correct significant deformities caused by congenital or developmental abnormalities, illness, injury or an earlier treatment in order to create a more normal appearance. Benefits include surgery performed to restore symmetry after a mastectomy."</p>
	Alliant	Information unavailable
HI	Hawaii Medical Service Association	<p>"Description of Benefits includes "Gender Identity Services": Covered, in accord with HMSA's medical policy for "Gender Identity Services" which can be found at <a href="http://www.hmsa.com">www.hmsa.com</a>. The services listed below are covered, but only when deemed medically necessary to treat gender dysphoria. Your copayment may vary depending on the type of service or supply you receive. Copayment amounts are listed in <i>Chapter 3: Summary of Benefits and Your Payment Obligations</i>. Benefit details about the services or supply you receive can be found in other sections of this chapter. - Gender reassignment surgery - Hospital room and board - Hormone injection therapy - Laboratory monitoring - Other gender reassignment surgery related services and supplies which are medically necessary and not excluded. These include but are not limited to sexual identification counseling, pre-surgery consultations and post-surgery follow-up visits - Otherwise covered services deemed medically necessary to treat gender dysphoria. Exclusion for Reversal of Gender Reassignment Surgery: "You are not covered for reversal of gender reassignment surgery, except in the case of a serious medical barrier to completing gender</p>

		reassignment or the development of a serious medical condition requiring a reversal." Exclusion for Cosmetic Services, Surgery or Supplies: "You are not covered for cosmetic services or supplies that are primarily intended to improve your natural appearance but do not restore or materially improve a physical function. You are not covered for complications of recent or past cosmetic surgeries, services or supplies."
	Kaiser Permanente	"Cosmetic Services: You are not covered for cosmetic Services, plastic surgery or other Services that are indicated primarily to change or maintain your appearance and are not likely to result in significant improvement in physical function, including treatment for complications resulting from cosmetic Services. Note: This exclusion does not apply to procedures that (a) will correct significant disfigurement resulting from an injury or Medically Necessary surgery; (b) are incident to a covered mastectomy; or (c) treatment for complications resulting from cosmetic Services provided by a Physician in a Kaiser Permanente facility."
IA	Medica	"Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services." "Services or drugs used to treat conditions that are cosmetic in nature, unless otherwise determined to be reconstructive."
	Wellmark	"Request for Benefit Exception Review. If you have received an adverse benefit determination that denies or reduces benefits or fails to provide payment in whole or in part for any of the following services, when recommended by your treating provider as medically necessary, you or an individual acting as your authorized representative may request a benefit exception review. Services subject to this exception process: For transgender individuals, sex-specific preventive care services (e.g., mammograms and Pap smears) that his or her attending provider has determined are medically appropriate." Cosmetic Services: "Not Covered: Cosmetic services, supplies, or drugs if provided primarily to improve physical appearance. A service, supply, or drug that results in an incidental improvement in appearance may be covered if it is provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect. You are also not covered for treatment for any complications resulting from a noncovered cosmetic procedure."
IL	Ambetter	"Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: For cosmetic breast reduction or augmentation, except for the medically necessary treatment of Gender Dysphoria....For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect." Definitions: "Reconstructive surgery means surgery performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or to improve the patient's appearance, to the extent possible."
	Cigna	"Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements." "Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance (except as provided in the definition of Reconstructive Surgery or the description of the Reconstructive Surgery benefit in this EOC); Cosmetic surgery,

		<p>therapy or surgical procedures primarily for the purpose of altering appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis diplation; or any other surgical or nonsurgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is Medically Necessary."</p> <p>"The following services are excluded from coverage regardless of clinical indications; macromastia or gynecomastia surgeries; Surgical treatment of varicose veins; abdominoplasty; panniculectomy; rhinoplasty; blepharoplasty; redundant skin surgery; removal of skin tags"</p>
	Blue Cross Blue Shield of Illinois	"Cosmetic Surgery and related services and supplies, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases."
	Health Alliance	Information unavailable
	Quartz	Information unavailable
<b>IN</b>	Ambetter	"For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect in a child."
	CareSource	"For Health Care Services provided in connection with Cosmetic Procedures or cosmetic services. Cosmetic Procedures and cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No Benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts)."
<b>KS</b>	Ambetter	"Covered expenses will not include, and no benefits will be paid for any charges that are incurred: 4. For cosmetic breast reduction or augmentation except for the Medically Necessary treatment of Gender Dysphoria;" Definitions: "Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly. Cosmetic treatment does not include

		reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child that has resulted in a functional defect."
	Medica	"Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services." Exclusions: "Services or drugs used to treat conditions that are cosmetic in nature, unless otherwise determined to be reconstructive." Definition: "Reconstructive. Surgery to rebuild or correct a: 1. Body part when such surgery is incidental to or following surgery resulting from injury, sickness or disease of the involved body part; or 2. Congenital disease or anomaly which has resulted in a functional defect as determined by your physician."
	Blue Cross Blue Shield of Kansas	Information unavailable
KY	Anthem	"Reconstructive Surgery Benefits include reconstructive surgery to correct significant deformities caused by congenital or developmental abnormalities, illness, injury or an earlier treatment in order to create a more normal appearance. Benefits include surgery performed to restore symmetry after a mastectomy. Reconstructive services needed as a result of an earlier treatment are covered only if the first treatment would have been a Covered Service under this Plan." Exclusions: "Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded plan prior to coverage under this Contract. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance."
	CareSource	"Cosmetic Procedures and cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No Benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts)."
LA	Blue Cross	"Services, supplies or treatment for cosmetic purposes, Cosmetic Surgery and any complications of Cosmetic Surgery, unless

Blue Shield of Louisiana	required for a Congenital Anomaly or Mastectomy; " "Services, surgery, supplies, treatment, or expenses in connection with or related to, or complications from the following regardless of claim of Medical Necessity: breast enlargement or reduction, except for breast reconstructive services as specifically provided in this Contract" Definitions: "Cosmetic Surgery – Any operative procedure, treatment, or service, or any part of an operative procedure, treatment, or service that is performed mainly to improve physical appearance. An operative procedure, treatment, or service is not Cosmetic Surgery if it restores bodily function or corrects deformity of a part of the body that an Accidental Injury, disease or disorder, or covered Surgery has altered."
Vantage	Information unavailable
ME	<p>Harvard Pilgrim Health Care</p> <p>"The Plan covers transgender health services as described below. Services are covered when your provider has determined that you are an appropriate candidate for transgender health services in accordance with HPHC clinical guidelines. To receive a copy of HPHC guidelines please call the Member Services Department at 1–877–907–4742. Coverage includes surgery, related Physician and behavioral health visits, and outpatient prescription drugs. Benefits for transgender health services are in addition to other benefits provided under the Plan. HPHC does not consider transgender health services to be reconstructive surgery to correct a Physical Functional Impairment or Cosmetic Services. Coverage for reconstructive surgery or Cosmetic Services is limited to the services described under the Reconstructive Surgery benefit in this Benefit Handbook. Coverage for transgender health services is limited to the specific surgical procedures listed below. No other services are covered in connection with transgender health services except the following: Transfeminine: • Augmentation mammoplasty • Colovaginoplasty • Clitoroplasty • Facial feminization procedures: • blepharoplasty (lower and upper eyelid) • blepharoptosis • brow ptosis • forehead contouring • genioplasty • mandible/jaw contouring • osteoplasty • otoplasty • rhinoplasty • rhytidectomy • suction assisted lipectomy • tracheoplasty • Labiaplasty • Orchiectomy • Penectomy • Vaginoplasty Transmasculine: • Bilateral mastectomy • Colpectomy • Hysterectomy • Metoidioplasty • Phalloplasty • Rhinoplasty • Salpingo-oophorectomy • Scrotoplasty with placement of testicular prostheses • Urethroplasty Once initial transgender health services have been completed, the Plan does not cover any further cosmetic procedures. In addition, no coverage is provided for reversal of transgender health services whether or not originally covered by the Plan. Certain services covered under the benefit are provided by only a limited number of Providers in the country and may not currently be in the Plan’s network. However, the Plan will work with you and your Physician to identify one or more providers who are appropriate to provide services under this benefit. Members with questions about coverage under this benefit should contact the Member Services Department at 1–877–907–4742. For coverage of behavioral health services related to transgender health services, please see “Mental Health and Substance Use Disorder Treatment” in section III. Covered Benefits for details. Please see the Prescription Drug Brochure for information on your outpatient prescription drug coverage. Important Notice: We use clinical guidelines to evaluate whether the transgender health services are Medically Necessary. If you are planning to receive transgender health services, we recommend that you review the current guidelines. To obtain a copy, please call 1-888-888-4742 ext. 38723. Prior Approval or Notification Required: You must obtain prior approval for coverage under this benefit. If you use a Plan Provider, he/she will seek prior approval for you. The prior approval process is initiated by calling: 1-800-708-4414."</p>

	<p>Exclusions: "Transgender Health Services. 1. Abdominoplasty. 2. Chemical peels. 3. Collagen injections. 4. Dermabrasion. 5. Electrolysis, hair removal, or hair transplantation. 6. Reversal of transgender health services and all related drugs and procedures. 7. Implantations (e.g. calf, pectoral, gluteal). 8. Liposuction. 9. Lip reduction/enhancement. 10. Panniculectomy. 11. Removal of redundant skin. 12. Silicone injections (e.g. for breast enlargement). 13. Voice modification therapy/surgery. 14. Reimbursement for travel expenses."</p>
<p>Community Health Options</p>	<p>"Cosmetic Services. Except for reconstructive services described under section 4.B.58, the Plan does not provide Benefits for Cosmetic Services....Reversing Gender Reassignment. The Plan does not provide Benefits for services to reverse voluntarily induced surgical gender reassignment." Definitions: "Cosmetic Services. Medical and surgical services intended solely for the purpose of changing or improving appearance or to treat emotional, psychiatric, or psychological conditions." Reconstructive Surgeries, Procedures, and Services: "The Plan provides Benefits for reconstructive surgeries, procedures, and services, when considered to be Medically Necessary. Reconstructive surgeries, procedures, and services must meet at least one of the following criteria: 1. Necessary due to Accidental Injury; 2. Necessary for reconstruction or restoration of a functional part of the body following a covered surgical procedure for disease or injury; 3. Medically Necessary to restore or improve a bodily function; 4. Necessary to correct a birth defect for covered Dependent children who have functional physical deficits; or 5. Reconstructive breast surgery as described in section 4.B.9."</p>
<p>Anthem</p>	<p>"Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded plan prior to coverage under this Certificate. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance." "Benefits are available for reconstructive surgeries, procedures and services, when considered to be Medically Necessary Health Care, only if at least one of the following criteria is met. Reconstructive surgeries, procedures and services must be: · necessary due to accidental injury; · necessary for reconstruction or restoration of a functional part of the body following a covered surgical procedure for disease or injury; · Medically Necessary Health Care to restore or improve a bodily function; · necessary to correct a birth defect for covered Dependent children who have functional physical deficits due to the birth defect. Corrective surgery for children who do not have functional physical deficits due to the birth defect is not covered under any portion of this Certificate; or · for reconstruction of a breast on which mastectomy surgery has been performed and for surgery and reconstruction of the other breast to produce a symmetrical appearance."</p>

MI

Blue Cross Blue Shield Blue Care Network of Michigan	Gender Dysphoria Treatment: "A collection of services that are used to treat Gender Dysphoria. These services must be considered Medically Necessary and may include hormone treatment and/or gender reassignment surgery, as well as counseling and psychiatric services. We cover services for the treatment of Gender Dysphoria when determined to be Medically Necessary, Preauthorized by BCN and performed by BCN Participating Providers. The Provider must supply documentation supporting that you meet the BCN medical criteria and established guidelines. Exclusions include but are not limited to: • Gender reassignment services that are considered cosmetic • Experimental or investigational treatment"
McLaren	<p>"Below are the general categories of services and supplies that require Preauthorization by MHP Community: • Gender reassignment surgery;" "SERVICES FOR GENDER TRANSITION: MHP Community Covers Medically Necessary services related to gender dysphoria or gender transition. Such services will be subject to the applicable Member cost sharing and limitations otherwise applicable. (E.g., see Section 8.08 Inpatient Hospitalization, Section 8.33 Prescription Drugs, Section 8.17 Mental Health Services, Part 9 Exclusions). Limitations: • Services must be ordered and performed by Participating Provider • Gender reassignment surgery must be Preauthorized • Gender reassignment surgery must be performed at a Participating facility with expertise in gender reassignment surgery"</p> <p>"Exclusions: • All fees related to parenting arrangements of any kind, not including maternity care and services; • Reversal of prior gender reassignment surgery; • Services related to a host uterus, the collection or storage of sperm or eggs, and donor fees; • Surgery that is considered cosmetic in nature and not Medically Necessary when performed as a component of a gender reassignment; • Services, treatment and surgeries that are considered Experimental and Investigative; • Voice therapy; • Treatment received at a non-Participating facility; and • Services provided by a non-Participating Provider."</p> <p>"Cosmetic surgery is surgery primarily to reshape normal structures of the body, improve appearance and self-esteem. We do not Cover cosmetic surgery or any of the related services, such as pre- or post-surgical care, follow-up care, reversal or revision of the surgery or treatment for complications."</p>
Meridian	<p>"Gender Dysphoria Treatment: "We Cover treatment for gender dysphoria and gender transition including medically necessary hospitalization, medical, surgical, behavioral, hormonal, and other related treatments. We do not limit Coverage for medically necessary services usually for people of one sex if Your sex or gender is different from what is recorded." Non-Covered Services: "We do not Cover cosmetic surgeries, other services, prescription drugs, and therapies primarily given to improve Your aesthetic appearance. Excluded services include, but are not limited to: · Blepharoplasty of lower lids. · Breast augmentation, except for reconstructive treatment post-mastectomy. · Chemical peels for acne. · Collagen implants. · Diastasis recti repair. · Removal or repair of excess skin. Panniculectomy may still be Covered if Medically Necessary. · Fat grafts unless performed as an integral part of a Covered service. · Hair transplants or repair of any hair loss, including hair analysis. · Liposuction, unless performed as an integral part of an otherwise covered service. · Orthodontic treatment, even with reconstructive surgery. · Removal for excessive hair growth, even if caused by an underlying medical condition. · Rhytidectomy (wrinkle removal). · Rhinophyma treatment. · Salabrasion. · Spider vein removal. · Tattoo removal."</p> <p>"Reconstructive Surgery: "We Cover reconstructive surgery to correct the effects of an Illness or Injury or to correct congenital birth defects. All of the following must be met: · The defects or effects of illness/injury cause clinical functional</p>

		impairment. These impairments: o Cause significant disability or major psychological trauma. o Interfere with Your employment or regular school attendance. o Need surgery as a component of an overall program of reconstructive surgery for a congenital deformity or trauma. o Contribute to a major health problem. · Surgery must reasonably be expected to correct the defect. · Surgery must be performed within two years of the event that caused the defect or two years from discovering the defect. Surgery may be delayed for developmental reasons. Covered reconstructive surgeries include: · Blepharoplasty of upper lids. · Breast reduction. · Treatment of male gynecomastia. · Procedures for treatment of sleep apnea: panniculectomy, rhinoplasty, and septorhinoplasty”
	Oscar	"Gender Reassignment Services: A collection of medically necessary drugs and services that are used to treat gender dysphoria, including hormone treatment, counseling and psychiatric services, excluding drugs or services Oscar considers to be cosmetic or experimental or investigational."  "Cosmetic services and any procedures, services, equipment or supplies provided in connection with cosmetic services."
	Molina	"We cover outpatient mental health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of “Mental Disorders.” "We cover inpatient mental health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of Mental Disorders."  "Reconstructive surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, if a Participating Provider physician determines that such surgery is necessary to improve function, or create a normal appearance, to the extent possible, including the following: o Blepharoplasty of upper lids o Breast reduction o Panniculectomy o Rhinoplasty o Septorhinoplasty o Surgical treatment of male gynecomastia. The following reconstructive surgery services are not covered: · Surgery that, in the judgment of a Participating Provider physician specializing in reconstructive surgery, offers only a minimal improvement in appearance · Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance." "You must get Prior Authorization for the following services, except Emergency Services or in-network Urgent Care Services. • Cosmetic, plastic, and reconstructive procedures"  "Cosmetic Services: Services intended primarily to change or maintain Your appearance are not covered."
	Physicians Health Plan Michigan	Information unavailable
MO	Ambetter	"Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: 14. For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect. 15. For cosmetic breast reduction or augmentation, except for the Medically Necessary treatment of Gender Dysphoria."

	Cigna	"Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed medically necessary or otherwise meet applicable coverage requirements....Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy."
	Medica	"55. Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services."
	Anthem	"Cosmetic Services. Provided in connection with cosmetic Services, with the exception of Emergency Services. Cosmetic Services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded Plan prior to coverage under this Contract. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance."
MS	Ambetter	"4. For cosmetic breast reduction or augmentation, except for the medically necessary treatment of gender dysphoria. 12. For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect in a child who has been a member from its birth until the date surgery is performed."
MT	Montana Health Co-op	"The following medical treatments require preauthorization: Gender Reassignment Surgery; Reconstructive or other procedures that may be considered cosmetic Blepharoplasty/Canthoplasty; Breast reconstruction/breast enlargement; Breast reduction/ mammoplasty; Cervicoplasty; Excision of excessive skin due to weight loss; Lipectomy or excess fat removal; Surgery for varicose veins, except stab phlebectomy" Exclusions: "Cosmetic Surgery, unless (a) it is Medically Necessary; or (b) it is reconstructive surgery. Such reconstructive surgery must be: (a) incidental to or following surgery resulting from trauma, infection or other diseases of the involved part; and (b) because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect;"

	Pacific Source	"In the following situations, this plan covers cosmetic or reconstructive surgery: - When necessary to correct a functional disorder; or - When necessary due to a congenital anomaly; or - When necessary because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or - When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery." Excluded Services: "Cosmetic/reconstructive services and supplies – Except as specified in the Covered Expenses – Other Covered Services, Supplies, and Treatments section. Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes and any complications as a result of non-covered cosmetic/reconstructive surgery. Cosmetic/reconstructive services and supplies are those performed primarily to improve the body's appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a congenital anomaly or gender dysphoria." "Gender affirmation – Procedures, services, or supplies related to a sex reassignment unless medically necessary to treat a mental health diagnosis."
	Blue Cross Blue Shield of Montana	"Cosmetic services and complications resulting therefrom except when provided to correct a condition resulting from an Accident, a condition resulting from an Injury or to treat a congenital anomaly, as applicable in Medical Policy."
NC	Blue Cross Blue Shield of North Carolina	"Certain surgical procedures, including bariatric surgery, gender confirmation surgery and hormone therapy, and those surgical procedures that are potentially COSMETIC, require PRIOR REVIEW and CERTIFICATION or services will not be covered." Exclusions: "COSMETIC services, which include the removal of excess skin from the abdomen, arms or thighs, skin tag excisions, cryotherapy or chemical exfoliation for active acne and acne scarring, superficial dermabrasion, injection of dermal fillers, services for hair transplants, skin tone enhancements, electrolysis, and SURGERY for psychological or emotional reasons, except as specifically covered by this health benefit plan."
	Ambetter	"For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the policy or is performed to correct a birth defect in a child." Definitions: "Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly."
	Cigna	"Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements; Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels

		or abrasion of the skin; electrolysis diplation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is Medically Necessary. "
	Blue Cross Blue Shield of North Dakota	"This Benefit Plan requires Members to obtain Precertification before benefits are available for specified services, Including: K. gender reassignment surgery;" Surgical services: "Cosmetic surgery will not qualify as reconstructive surgery when performed for the treatment of a psychological or psychiatric condition."
<b>ND</b>	Medica	"Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services."  "Services or drugs used to treat conditions that are cosmetic in nature, unless otherwise determined to be reconstructive." Definition: "Reconstructive. Surgery to rebuild or correct a: 1. Body part when such surgery is incidental to or following surgery resulting from injury, sickness or disease of the involved body part; or 2. Congenital disease or anomaly which has resulted in a functional defect as determined by your physician."
	Sanford Health	"Treatment therapy is as follows: Non-surgical, Medically Necessary treatment, of gender dysphoria (Gender Identity Disorder), including hormone therapy, mental/behavioral services, and laboratory testing to monitor the safety of continuous hormone therapy, per Sanford Health Plan guidelines (available upon request)." Exclusions: "Cosmetic services and/or supplies to repair or reshape a body structure primarily for the improvement of a Member's appearance or psychological well-being or self-esteem and/or not Medically Necessary, including but not limited to, breast augmentation, treatment of gynecomastia and any related reduction services, skin disorders, rhinoplasty, liposuction, scar revisions, and cosmetic dental services."
<b>NE</b>	Medica	"Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services." Exclusions: "Services or drugs used to treat conditions that are cosmetic in nature, unless otherwise determined to be reconstructive." Definition: "Reconstructive. Surgery to rebuild or correct a: 1. Body part when such surgery is incidental to or following surgery resulting from injury, sickness or disease of the involved body part; or 2. Congenital disease or anomaly which has resulted in a functional defect as determined by your physician."
<b>NH</b>	Ambetter	"4. For cosmetic breast reduction or augmentation, except for the medically necessary treatment of gender dysphoria. 12. For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the contract or is performed to correct a birth defect in a child who has been a member from its birth until the date surgery is performed."
	Anthem	"Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change

		the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded Plan prior to coverage under this Policy. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of comorbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance."
	Harvard Pilgrim Health Care	"Transgender Health Services: 1. Abdominoplasty. 2. Chemical peels. 3. Collagen injections. 4. Dermabrasion. 5. Electrolysis, hair removal, or hair transplantation. 6. Liposuction. 7. Lip reduction/enhancement. 8. Panniculectomy. 9. Removal of redundant skin. 10. Reversal of transgender health services and all related drugs and procedures. 11. Silicone injections (e.g. for breast enlargement). 12. Voice modification therapy/surgery. 13. Reimbursement for travel expenses."
NJ	AmeriHealth New Jersey	"We cover Practitioner's charges for Medically Necessary and Appropriate Surgery. We do not pay for Cosmetic Surgery unless it is required as a result of an Illness or Injury or to correct a functional defect resulting from a congenital abnormality or developmental anomaly. We cover reconstructive breast Surgery, Surgery to restore and achieve symmetry between the two breasts and the cost of prostheses following a mastectomy on one breast or both breasts. We also cover treatment of the physical complications of mastectomy, including lymphedemas."
	Horizon Blue Cross Blue Shield of New Jersey	"We cover Practitioner's charges for Medically Necessary and Appropriate Surgery. We do not pay for Cosmetic Surgery unless it is required as a result of an Illness or Injury or to correct a functional defect resulting from a congenital abnormality or developmental anomaly. We cover reconstructive breast Surgery, Surgery to restore and achieve symmetry between the two breasts and the cost of prostheses following a mastectomy on one breast or both breasts. We also cover treatment of the physical complications of mastectomy, including lymphedemas."
	Oscar	"We cover Practitioner's charges for Medically Necessary and Appropriate Surgery. We do not pay for Cosmetic Surgery unless it is required as a result of an Illness or Injury or to correct a functional defect resulting from a congenital abnormality or developmental anomaly. We cover reconstructive breast Surgery, Surgery to restore and achieve symmetry between the two breasts and the cost of prostheses following a mastectomy on one breast or both breasts. We also cover treatment of the physical complications of mastectomy, including lymphedemas."
NM	Molina	"We cover outpatient mental health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of Mental Disorders. A "Mental Disorder" is a mental health condition identified as a "mental disorder" in the Diagnostic and Statistical Manual of Mental Disorders, current edition, Text Revision (DSM) that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning."

	<p>“We cover inpatient hospital mental health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of Mental Disorders. This includes short-term treatment in a crisis residential program in licensed psychiatric treatment facility with 24-hour-a-day monitoring by clinical staff for stabilization of an acute psychiatric crisis. A “Mental Disorder” is a mental health condition identified as a “mental disorder” in the Diagnostic and Statistical Manual of Mental Disorders, current edition, Text Revision (DSM) that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning.”</p>
Christus Health Plan	<p>“The following are specifically excluded from coverage: Sex Reassignment o Surgery and drugs related to sex reassignment.”</p>
Blue Cross Blue Shield of New Mexico	<p>“Reconstructive Surgery Reconstructive Surgery improves or restores bodily function to the level experienced before the event that necessitated the surgery, or in the case of a congenital defect, to a level considered normal. Such surgeries may have a coincidental cosmetic effect. This Plan covers Reconstructive Surgery when required to correct a functional disorder caused by: x an Accidental Injury x a disease process or its treatment x a functional congenital defect (any condition, present from birth, that is significantly different from the common form; for example, a cleft palate or certain heart defects) Cosmetic procedures and procedures that are not Medically Necessary, including all services related to such procedures, will be denied. Exclusions This Plan does not cover: x cosmetic or plastic surgery or procedures, such as breast augmentation, rhinoplasty, and surgical alteration of the eye that does not materially improve the physiological function of an organ or body part (unless covered under “Mastectomy Services”) x procedures to correct cosmetically unsatisfactory surgical results or surgically induced scars x refractive keratoplasty, including radial keratotomy, or any procedure to correct visual refractive defect x unless required as part of Medically Necessary diabetic disease management, trimming of corns, calluses, toenails, or bunions (except surgical treatment such as capsular or bone surgery) x subsequent surgical procedures needed because you did not comply with prescribed medical treatment or because of a complication from a previous noncovered procedure (such as a noncovered organ Transplant, or previous cosmetic surgery) x the insertion of artificial organs, or services related to Transplants not specifically listed as covered under “Transplant Services” x standby services unless the procedure is identified by BCBSNM as requiring the services of an assistant surgeon and the standby Physician actually assists”</p> <p>“Cosmetic Services. Cosmetic surgery is beautification or aesthetic surgery to improve an individual’s appearance by surgical alteration of a physical characteristic. This Plan does not cover cosmetic surgery, services, or procedures for psychiatric or psychological reasons, or to change family characteristics or conditions caused by aging. This Plan does not cover services related to or required as a result of a cosmetic service, procedure, surgery, or subsequent procedures to correct unsatisfactory cosmetic results attained during an initial surgery, or required as a result of a noncovered cosmetic service, procedure, or surgery. Examples of cosmetic procedures are: dermabrasion; revision of surgically induced scars; breast augmentation; rhinoplasty; surgical alteration of the eye; correction of prognathism or micrognathism; excision or reformation of sagging skin on any part of the body including, but not limited to, eyelids, face, neck, abdomen, arms, legs, or buttock; services performed in connection with the enlargement, reduction, implantation, or change in appearance of a portion of the body including, but not limited to, breast, face, lips, jaw, chin, nose, ears, or genitals; or any procedures that BCBSNM determines are not required to materially improve the physiological function of an organ or body part, unless</p>

		Medically Necessary. Exception: Breast/nipple surgery performed as reconstructive surgery procedures following a covered mastectomy will be covered. However, Preauthorization, requested in writing, must be obtained from BCBSNM for such services. Also, Preauthorized Reconstructive Surgery, which may have a coincidental cosmetic effect, may be covered when required as the result of Accidental Injury, illness, or congenital defect.”
	New Mexico Health Connections	<p>“Cosmetic therapy, drugs/medications or procedures for the purpose of changing appearance are not covered by the Plan. Examples of these services are: • Surgical excision or reformation of sagging skin on any part of the body including but not limited to eyelids, face, neck, abdomen, arms, lips, or buttocks, unless Medically Necessary. • Services for the enlargement, reduction, implantation or change in appearance of a part of the body (for instance, the breast, face, lips, jaw, chin, nose, ears, or genitals). • Hair transplantation. • Chemical or laser face peels or abrasions of the skin. • Removal of hair by electrolysis or other methods including lasers. • Any other surgical or non-surgical procedures used primarily for altering appearance and not for correcting functional disorders resulting from accidental injury or from congenital defects or disease.”</p> <p>“Reconstructive Surgery: This Plan will cover Medically Necessary reconstructive surgery when needed for the correction of a functional disorder resulting from accidental injury or from a congenital defects or disease. Services require Prior Authorization, and an improvement in physiologic function must be reasonably expected”</p>
NV	Ambetter	<p>“Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly”</p> <p>“For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the policy or is performed to correct a birth defect in a child who has been a member from its birth until the date surgery is performed.”</p> <p>“Reconstructive surgery means surgery performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or to improve the patient's appearance, to the extent possible.”</p>
	Health Plan of Nevada	Information unavailable
OH	Ambetter	<p>“Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: 4. For cosmetic breast reduction or augmentation, except for the medically necessary treatment of Gender Dysphoria.”</p> <p>“Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly.”</p> <p>“Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: 11. For</p>

	<p>cosmetic treatment, except for medically necessary reconstructive surgery that is incidental to or follows surgery or an injury or is performed to correct a birth defect.”</p> <p>“Reconstructive surgery means surgery performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, including surgery after a mastectomy, in order to improve function or to improve the patient's appearance, to the extent possible.”</p>
SummaCare	<p>“28. Transsexual Surgery Transsexual surgery and related services including pre and post-surgery diagnostics, treatments, and drug therapy must be prior authorized and will be covered based upon medical necessity. Procedures performed for the sole purpose of improving or altering appearance or self-esteem related to one’s appearance are considered cosmetic in nature, not medically necessary and not covered services”</p>
Paramount Health Care	<p>“We do not provide benefits for procedures, equipment, services, supplies or charges: Unless Medically Necessary, services and supplies related to sex transformation and/or the reversal thereof, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This Exclusion includes sexual therapy and counseling. This exclusion also includes penile prostheses or implants and vascular or artificial reconstruction, Prescription Drugs, and all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing. Evidence based and nondiscriminatory criteria will be used to determine Medical Necessity.”</p> <p>“For any procedures, services, equipment or supplies provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts). This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. Medically necessary services due to complications of a non-covered procedure are covered.”</p>
AultCare Health Plans	<p>“Charges for Impotency, Infertility, Surrogate, and Reversal of Sterilization are Not Covered under this Plan: 5. Sexual dysfunction or sexual transformation operations, procedures, consultations, and medications.”</p>
Medical Mutual	<p>“In addition to the exclusions and limitations explained in the Health Care Benefits section, coverage is not provided for services and supplies: 26. For transsexual Surgery or any treatment leading to or in connection with transsexual Surgery.”</p>
Molina	<p>“Services Related to a Non-Covered Service. When a Service is not covered, all services related to that service are also not covered. This exclusion does not apply to services Molina would otherwise cover to treat complications of the non-Covered Service. Molina covers all Medically Necessary basic health services for complications for a non-Covered Service. For example, if You have a non-covered bariatric surgery or cosmetic surgery, Molina would not cover services You receive in preparation for the surgery or for follow-up care. If You later suffer a complication such as a serious infection, this exclusion would not apply and Molina would cover any services that We would otherwise cover as Medically Necessary to treat that</p>

	<p>complication.”</p> <p>“Cosmetic Services. Services intended primarily to change or maintain Your appearance are not covered. This exclusion does not apply to any of the following: ? Services covered under “Reconstructive Surgery” in the “What is Covered Under My Plan?” section ? The following devices covered under “Prosthetic and Orthotic Devices” in the “What is Covered Under My Plan?” section: o testicular implants implanted as part of a covered reconstructive surgery o breast prostheses needed after a mastectomy o prostheses to replace all or part of an external facial body part”</p> <p>“RECONSTRUCTIVE SURGERY. We cover the following reconstructive surgery services: • Reconstructive surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, if a Participating Provider physician determines that such surgery is necessary to improve function, or create a normal appearance, to the extent possible. • Following Medically Necessary removal of all or part of a breast, all stages of reconstruction of the breast, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the Member.?? For Covered Services related to reconstructive surgery, You will pay the Cost Sharing You would pay if the Covered Services were not related to reconstructive surgery. For example, for hospital inpatient care, You would pay the Cost Sharing listed under “Inpatient Hospital Services” in the Schedule of Benefits.”</p> <p>“Reconstructive Surgery Exclusions. Excluding those services described in the “Reconstructive Surgery” section above, the following reconstructive surgery services are not covered: • Surgery that, in the judgment of a Participating Provider physician specializing in reconstructive surgery, offers only a minimal improvement in appearance • Surgery that is performed to alter or reshape normal structures of the body in order to improve appearance”</p>
Oscar	<p>“For any procedures, services, equipment or supplies provided in connection with cosmetic services. This exclusion does not apply to conditions during the cosmetic procedure or in the immediate post-operative timeframe, including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions”</p> <p>“P. Other Reconstructive and Corrective Surgery. We cover reconstructive and corrective surgery other than reconstructive breast surgery only when it is: • Performed to correct significant deformities caused by congenital or developmental abnormalities, illness, injury, or an earlier treatment in order to create a more normal appearance; • Performed to restore symmetry after a mastectomy; • Needed as a result of an earlier treatment are covered only if the first treatment would have been a Covered Service under this Plan; or • Otherwise Medically Necessary.”</p>
Anthem	<p>“Cosmetic Services. Provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or</p>

		<p>surgery was performed while the Member was covered by another carrier/self-funded plan prior to coverage under this Certificate. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance.”</p>
	CareSource	<p>“For Health Care Services provided in connection with Cosmetic Procedures or cosmetic services. Cosmetic Procedures and cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No Benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).”</p> <p>“Cosmetic Procedures means procedures or services that change or improve appearance without significantly improving physiological function, as determined by us.”</p> <p>“23. RECONSTRUCTIVE SERVICES. The Plan provides Benefits for certain reconstructive services required to correct a deformity caused by disease, trauma, Congenital Anomalies, or previous therapeutic process. Covered Services include the following: ? Necessary care and treatment of medically diagnosed congenital defects and birth abnormalities of a newborn child. ? Breast reconstruction resulting from a mastectomy. See Section 12 for the Women's Health and Cancer Rights Act Notice; ? Hemangiomas, and port wine stains of the head and neck areas for children ages eighteen (18) years or younger; ? Limb deformities such as club hand, club foot, syndactyly (webbed digits), polydactyly (supernumerary digits), macrodactylia; ? Otoplasty when performed to improve hearing by directing sound in the ear canal, when ear or ears are absent or deformed from trauma, surgery, disease, or congenital defect; ? Tongue release for diagnosis of tongue-tied; ? Congenital disorders that cause skull deformity such as Crouzon's disease;? Cleft lip; and ? Cleft palate.”</p>
OK	Medica	<p>“Medica will not provide coverage for any of the services, treatments, supplies or items described below even if it is recommended or prescribed by a physician or it is the only available treatment for your condition. Important: The list below describes exclusions in addition to the services, supplies and associated expenses already listed as Not covered elsewhere in this Policy and the Schedule of Payments. These include: . Services for sex transformation surgery, sex hormones related to surgery, related preparation and follow-up treatment, and care and counseling, unless medically necessary and prior authorization is obtained from Medica before you receive services.”</p>
	Blue Cross Blue Shield of Oklahoma	<p>“For cosmetic Surgery or complications resulting therefrom, including Surgery to improve or restore your appearance, unless: – needed to repair conditions resulting from an accidental injury; or – for the improvement of the physiological functioning of a malformed body member resulting from a congenital defect. In no event will any care and services for breast reconstruction or implantation or removal of breast prostheses be a Covered Service unless such care and services are</p>

		<p>performed solely and directly as a result of mastectomy which is Medically Necessary”</p> <p>“Breast reconstruction or implantation or removal of breast prostheses is a Covered Service only when performed solely and directly as a result of mastectomy which is Medically Necessary.”</p>
OR	BridgeSpan Health	<p>“We cover inpatient and outpatient Mental Health and Substance Use Disorder Services, including Applied Behavioral Analysis (ABA) therapy services and gender-affirmation services. Benefits include physical therapy, occupational therapy or speech therapy provided for treatment of a Mental Health Condition.”</p> <p>“Cosmetic/Reconstructive Services and Supplies: Cosmetic and/or reconstructive services and supplies, except as necessary: • to correct a congenital anomaly; • to correct a craniofacial anomaly; • to restore a physical bodily function lost as a result of Injury or Illness; • for one attempt to correct a scar or defect that resulted from an accidental Injury or treatment for an accidental Injury (more than one attempt is covered if Medically Necessary); or • for one attempt to correct a scar or defect on the head or neck that resulted from a surgery (more than one attempt is covered if Medically Necessary).”</p> <p>“Breast reconstruction following a Medically Necessary Mastectomy, is covered to the extent required by law. For more information on breast reconstruction, see the Women's Health and Cancer Rights notice in this Policy. Cosmetic means services or supplies that are applied to normal structures of the body primarily to improve or change appearance and that are not Medically Necessary. Mastectomy means the surgical removal of all or part of a breast or a breast tumor suspected to be malignant. Reconstructive means services, procedures or surgery performed on abnormal structures of the body, caused by congenital anomalies, developmental abnormalities, trauma, infection, tumors or disease. It is performed to restore function, but, in the case of significant malformation, is also done to approximate a normal appearance.”</p>
	Kaiser Permanente	<p>“Your Participating Provider will request prior or concurrent authorization when necessary. The following are examples of Services that require prior or concurrent authorization: ? Gender Affirming Treatment”</p> <p>“We cover the following Services when you are admitted as an inpatient in a Participating Hospital: Gender Affirming Treatment.”</p> <p>“Gender Affirming Treatment. Medical treatment or surgical procedures, including hormone replacement therapy, necessary to change the physical attributes of one’s outward appearance to accord with the person’s actual gender identity.”</p> <p>“We cover the following outpatient Services for diagnosis, treatment, and preventive medicine upon payment of any applicable Deductible, Copayment, or Coinsurance shown in the “Benefit Summary” in the “Outpatient Services” section: Gender Affirming Treatment.”</p>
	Moda Health	<p>“Gender Dysphoria Services: "Expenses for gender dysphoria treatment are covered when the following conditions are met: a. Procedures must be performed by a qualified professional provider b. Prior authorization is required for surgical procedures c. Treatment plan must meet medical necessity criteria”</p>

		<p>“Covered services include: a. Mental health b. Hormone therapy (including puberty suppression therapy for adolescents) c. Surgical procedures (see section 7.5.9): i. Breast/chest surgery ii. Gonadectomy (hysterectomy/oophorectomy for FtM or orchiectomy for MtF) iii. Single stage or multiple stage reconstruction of the genitalia”</p> <p>“Cosmetic surgery is surgery that improves or changes appearance without restoring impaired body function. Reconstructive surgery is surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is usually performed to improve function, but may also be performed to approximate a normal appearance. Cosmetic surgery is not covered. All reconstructive procedures, including surgical, dental and orthodontic repair of congenital deformities, must be medically necessary and prior authorized or benefits will not be paid. Reconstructive procedures that are partially cosmetic in nature may be covered if the procedure is medically necessary. This includes services for treatment of a covered mental health condition, such as gender dysphoria.”</p> <p>“Any procedure or medication requested for the purpose of improving or changing appearance without restoring impaired body function, including rhinoplasty, breast augmentation, lipectomy, liposuction and hair removal (including electrolysis and laser). Exceptions are provided for reconstructive surgery if medically necessary and not specifically excluded (see sections 7.5.10 and 7.5.11).”</p>
	Pacific Source	<p>“This plan covers medically necessary gender affirming surgery and related procedures, including hormone therapy. Preauthorization by PacificSource is required.”</p> <p>“Cosmetic/reconstructive services and supplies – Except as specified in the Covered Expenses – Other Covered Services, Supplies, and Treatments section. Services and supplies, including drugs, rendered primarily for cosmetic/reconstructive purposes (does not apply to emergency services). Cosmetic/reconstructive services and supplies are those performed primarily to improve the body’s appearance and not primarily to restore impaired function of the body, unless the area needing treatment is a result of a congenital anomaly or gender dysphoria.”</p> <p>“Gender affirmation – Procedures, services, or supplies related to a sex reassignment unless medically necessary to treat a mental health diagnosis”</p>
	Providence Health Plan	<p>“4.12.10 Gender Dysphoria Benefits are provided for the treatment of Gender Dysphoria. Covered Services include, but are not limited to, Mental Health, Prescription Drug, and surgical procedures. Coverage is provided at the applicable benefit level for the type of Covered Services received, as shown in your Benefit Summary. For example, surgical procedures are subject to your provider surgical benefit and applicable InPatient or Out-Patient facility benefit. Treatment of Gender Dysphoria is subject to Medical Necessity, as set forth in our medical policy, and must be received from licensed providers and facilities. Prior Authorization may apply. Please see section 3.5 for a list of services requiring Prior Authorization.”</p>
PA	Ambetter	<p>“Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: 6. For cosmetic breast reduction or augmentation, except for the medically necessary treatment of gender dysphoria.”</p>
	Highmark	<p>“The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national</p>

Blue Cross Blue Shield	<p>origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.”</p> <p>“For a cosmetic or reconstructive procedure or surgery done to improve the appearance of any portion of the body, and from which no improvement in physiological function can be expected, except: a) as otherwise provided in SECTION DB - DESCRIPTION OF BENEFITS of the Agreement; b) when required to correct a condition directly resulting from an accident; c) when necessary to correct a functional impairment which directly results from a covered disease or injury; or d) to correct a congenital birth defect”</p>
Independence Blue Cross	<p>“The Covered Person has the right to receive health care services without discrimination: A. Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity; B. For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender; C. Based on an individual’s sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available; D. Related to gender transition if such denial or limitation results in discriminating against a transgender individual.”</p>
Capital Blue Cross	<p>“Cosmetic Procedure: Shall mean an elective procedure performed primarily to restore a person’s appearance by surgically altering a physical characteristic that does not prohibit normal function, but is considered unpleasant or unsightly.”</p> <p>“For Cosmetic Procedures or services related to Cosmetic Procedures performed primarily to improve the appearance of any portion of the body and from which no significant improvement in the functioning of the body part can be expected, except as otherwise required by law. This exclusion does not apply to Cosmetic Procedures or services related to Cosmetic Procedures performed to correct a deformity resulting from an otherwise covered sickness, Birth Defect or accidental injury. For purposes of this exclusion, prior Surgery is not considered an accidental injury”</p> <p>“Reconstructive Surgery: Shall mean a procedure performed to improve or correct a Functional Impairment, restore a bodily function or correct deformity resulting from an otherwise covered sickness, Birth Defect or accidental injury. The fact that a Member might suffer psychological consequences from a deformity does not, in the absence of bodily Functional Impairment, qualify Surgery as being Reconstructive Surgery.”</p>
UMPC Health Plan	<p>“Cosmetic Surgery: Surgical or other services for cosmetic purposes performed to repair or reshape a body structure for the improvement of the person’s appearance or for psychological or emotional reasons and from which no improvement in physiological function can be expected, except as such surgery or services are required to be covered by law. Excluded services include, but are not limited to, port wine stains, augmentation procedures, reduction procedures, and scar revisions.</p>

		Exceptions to this exclusion are (a) surgery to correct a congenital birth defect; (b) cosmetic surgery necessitated by a covered sickness or injury; and (c) expenses otherwise covered that are necessary for repair of an accidental bodily injury.”
	Geisinger Health Plan	Information unavailable
	Ambetter	<p>“Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly.”</p> <p>“Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: For cosmetic treatment, except for reconstructive surgery that is incidental to or follows surgery or an injury that was covered under the policy or is performed to correct a birth defect in a child who has been a member from its birth until the date surgery is performed”</p> <p>“Reconstructive surgery means surgery performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or to improve the patient's appearance, to the extent possible.”</p>
SC	Blue Cross Blue Shield of South Carolina	“Cosmetic Services (These services are excluded even if deemed medically necessary.) BlueEssentials (Rev. 1/2019) 36 Order# 12509M This Policy provides benefits for Covered Services only when received from in-Network Providers. a. Cosmetic Surgery: any plastic or reconstructive Surgery done mainly to improve the appearance or shape of any body part and for which no improvement in physiological or body function is reasonably expected. Cosmetic Surgery does not include reconstructive Surgery incidental to or following Surgery resulting from unexpected or unforeseen physical trauma, infection or other diseases of the involved part, or reconstructive Surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. Complications arising from Cosmetic Surgery are also not covered. b. Breast augmentation except after treatment for breast cancer. c. Reduction mammoplasty for macromastia unless you are within 20 percent of your ideal body weight. d. Any treatment or Surgery for obesity (even if morbid obesity is present), weight reduction or weight control, such as gastric by-pass, insertion of stomach (gastric) banding, intestinal bypass, wiring mouth shut, liposuction or complications from it. This includes any reversal or reconstructive procedures from such treatments. e. Adjustable cranial orthosis (band or helmet) for positional plagiocephaly or craniosynostoses in the absence of cranial vault remodeling Surgery. f. Unless preauthorized under BlueCross medical management guidelines, services, supplies or treatment for any venous insufficiency or venous incompetence, including but not limited to, varicose veins, endovenous ablation, vein stripping or sclerosing solutions injection, whether or not medically necessary.”
SD	Sanford Health	“Non-surgical, Medically Necessary treatment, of gender dysphoria (Gender Identity Disorder), including hormone therapy, mental/behavioral services, and laboratory testing to monitor the safety of continuous hormone therapy, per Sanford Health Plan guidelines (available upon request).”

	Avera	Information unavailable
	Cigna	<p>“Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.”</p> <p>“Cosmetic Surgery is performed to change the appearance of otherwise normal looking characteristics or features of the patient's body. A physical feature or characteristic is normal looking when the average person would consider that feature or characteristic to be within the range of usual variations of normal human appearance. Cosmetic Surgery Note: Cosmetic Surgery does not become Reconstructive Surgery because of psychological or psychiatric reasons.”</p> <p>“Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.”</p>
	Oscar	“Services and supplies related to the reversal of sex transformation, or male or female sexual or erectile dysfunctions or inadequacies, regardless of origin or cause. This exclusion also includes all other procedures and equipment developed for or used in the treatment of impotency, and all related Diagnostic Testing.”
TN	Blue Cross Blue Shield of Tennessee	<p>“Cosmetic or Cosmetic Services – Any surgical or non-surgical treatment, drugs or devices intended to alter or reshape the body for the purpose of improving appearance or self-esteem.”</p> <p>“Reconstructive Surgery. Medically Necessary and Medically Appropriate Surgical Procedures intended to restore normal form or function. Prior Authorization for Covered Services must be obtained from the Plan, or benefits will be reduced. 1. Covered Services a. Surgery to correct significant defects from congenital causes (except where specifically excluded), accidents or disfigurement from a disease state. b. Reconstructive breast Surgery as a result of a mastectomy or partial mastectomy (other than lumpectomy) including Surgery on the non-diseased breast needed to establish symmetry between the two breasts.”</p> <p>“Exclusions. a. Services, supplies or prosthetics primarily to improve appearance. b. Surgeries to correct or repair the results of a prior Surgical Procedure, the primary purpose of which was to improve appearance, and Surgeries to improve appearance following a prior Surgical Procedure, even if that prior procedure was a Covered Service. c. Cosmetic Services or Surgery - See “Attachment B: Other Exclusions.” d. Voice modification Surgery or voice therapy. e. Transportation, meals, lodging or similar expenses.”</p>
	Ambetter	<p>“Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly.”</p> <p>“Reconstructive surgery means surgery performed on an abnormal body structure caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or to improve the patient's</p>

		appearance, to the extent possible.”
	Bright Health	<p>“Reconstructive Procedures Covered Health Services under this section include reconstructive procedures when the primary purpose of the procedure is either to treat a medical condition or to improve or restore physiologic function. Reconstructive procedures include surgery or other procedures that are associated with an Injury, Sickness, or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible. Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness, or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.”</p> <p>“Physical Appearance. Health care services excluded under this provision include the following: ? Cosmetic Procedures. See the definition in the Definitions section. Examples include: ? Pharmacological regimens, nutritional procedures, or treatments. ? Scar or tattoo removal or revision procedures (such as salabrasion, laser removal, chemosurgery, and other such skin abrasion procedures). ? Skin abrasion procedures performed as a treatment for acne. ? Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple. ? Treatment for skin wrinkles or any treatment to improve the appearance of the skin, including blepharoplasty or eyelid surgery. ? Treatment for spider veins or varicose veins. This includes, but is not limited to vein stripping, laser procedures or surgery. ? Fat injections or fat grafting. ? Hair removal or replacement by any means. ? Replacement of an existing breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Note: Replacement of an existing breast implant is considered reconstructive if the initial breast implant followed mastectomy. ? Treatment of benign gynecomastia (abnormal breast enlargement in males). ? Breast reduction surgery that is determined to be a Cosmetic Procedure. This exclusion does not apply to breast reduction surgery that is required to treat a physiologic functional impairment or which is required by the Women's Health and Cancer Right's Act of 1998 and described under the Benefits/Coverages (What is Covered) section of this Policy. ? Physical conditioning programs such as athletic training, bodybuilding, exercise, fitness, flexibility, and diversion or general motivation. ? Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded. ? Wigs, toupees, hair transplants or hair weaving for male pattern baldness.”</p>
TX	Ambetter	<p>“Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred: For cosmetic breast reduction or augmentation, except for the medically necessary treatment of Gender Dysphoria.”</p> <p>“Cosmetic treatment means treatments, procedures, or services that change or improve appearance without significantly improving physiological function and without regard to any asserted improvement to the psychological consequences or socially avoidant behavior resulting from an injury, illness, or congenital anomaly.”</p>
	Molina	“We cover inpatient hospital mental or behavioral health services, including services for the treatment of gender dysphoria only when the services are for the diagnosis or treatment of Mental Disorders.”

	<p>"We cover outpatient mental or behavioral health services, including services for the treatment of gender dysphoria only when the services are for the diagnosis or treatment of Mental Disorders."</p>
Christus Health Plan	<p>"The following are specifically excluded from coverage: Sex Transformation o Surgery and drugs related to sex transformation."</p>
Sendero Health Plans	<p>"Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items: Sex change services, regardless of any diagnosis of gender role or psychosexual orientation problems"</p>
Blue Cross Blue Shield of Texas	<p>"Cosmetic, Reconstructive or Plastic Surgery means surgery that can be expected or is intended to improve Your physical appearance, is performed for psychological purposes, or restores form but does not correct or materially restore a bodily function."</p> <p>"Coverage will be the same as for treatment of any other physical illness generally, only when prescribed or arranged by Your PCP, and may require Preauthorization by HMO. Covered Services are limited to the following: 1. surgery to correct a defect resulting from accidental injury; 2. reconstructive surgery following cancer surgery; 3. surgery to correct a functional defect which results from a congenital and/or acquired disease or anomaly; 4. surgical reconstruction of the breast following a mastectomy, and surgical reconstruction of the other breast to achieve a symmetrical appearance; and 5. Reconstructive Surgery for Craniofacial Abnormalities."</p> <p>"Services or supplies for Cosmetic, Reconstructive or Plastic Surgery, including breast reduction or augmentation (enlargement) surgery, even when Medically Necessary, except as described in Cosmetic, Reconstructive or Plastic Surgery."</p>
First Care Health Plans	<p>"Cosmetic, plastic, medical or surgical procedures, and cosmetic therapy and related services or supplies, including, but not limited to Hospital confinements, Prescription Drugs, diagnostic laboratory tests and x-rays or surgery and other reconstructive procedures (including any related prostheses except breast prosthesis following mastectomy), unless specifically provided in Section 3, What Is Covered. Among the procedures We do not cover are: ? Excision or reformation of any skin on any part of the body, hair transplantation, removal of port wine stains, chemical peels or abrasions of the skin, removal of superficial veins, tattoos or tattoo removal, the enlargement, reduction, implantation or change in the appearance in a portion of the body unless determined to be Medically Necessary; ? Removing or altering sagging skin; ? Changing the appearance of any part of Your body (such as enlargement, reduction or implantation, except for breast reconstruction following a mastectomy); ? Hair transplants or removal; ? Peeling or abrasion of the skin; ? Any procedure that does not repair a functional disorder; and ? Rhinoplasty and associated surgery except when Medically Necessary to correct deviated septum."</p>
Oscar	<p>"Cosmetic, Reconstructive, or Plastic Surgery means surgery that: 1. Can be expected or is intended to improve the physical appearance of a Participant; or 2. Is performed for psychological purposes; or 3. Restores form but does not correct or materially restore a bodily function."</p> <p>"Benefits are available for Cosmetic, Reconstructive, or Plastic Surgery that meets one of the below criteria or is otherwise</p>

		deemed medically necessary. These services require Preauthorization: • Treatment provided for the correction of defects incurred in an Accidental Injury sustained by the Participant; or • Treatment provided for reconstructive surgery following cancer surgery; or • Surgery performed on a newborn child for the treatment or correction of a congenital defect; or • Surgery performed on a Participant for the treatment or correction of a congenital defect other than conditions of the breast; or • Reconstruction of the breast on which mastectomy has been performed; surgery and reconstruction of the other breast to achieve a symmetrical appearance; and prostheses and treatment of physical complications, including lymphedemas, at all stages of the mastectomy.”
	Community Health Choice	Information unavailable
UT	Molina	<p>“We cover outpatient mental and behavioral health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of Mental Disorders. A “Mental Disorder” is a mental health condition identified as a “mental disorder” in the Diagnostic and Statistical Manual of Mental Disorders, current edition, Text Revision (DSM), including eating disorders associated with a diagnosis of a DSM categorized mental health condition, that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning. We cover mental health services for gender dysphoria. We do not cover services for conditions that the DSM identifies as something other than a ‘mental disorder’”</p> <p>“We cover inpatient psychiatric hospitalization in a Participating Provider hospital. Coverage includes room and board, drugs, and services of Participating Provider physicians and other Participating Providers who are licensed health care professionals acting within the scope of their license. Involuntary courtordered inpatient mental health and behavioral health admissions do not require Prior Authorization. Involuntary court-ordered inpatient mental health and behavioral services beyond 72 hours, will be covered only if deemed Medically Necessary by Molina Healthcare’s Medical director or designee and available in a Molina participating hospital under the following conditions. We cover inpatient mental and behavioral health services, including services for the treatment of gender dysphoria, only when the services are for the diagnosis or treatment of Mental Disorders. A “Mental Disorder” is a mental health condition identified as a “mental disorder” in the Diagnostic and Statistical Manual of Mental Disorders, current edition, Text Revision (DSM), including eating disorders associated with a diagnosis of a DSM categorized mental health condition, that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning. We do not cover services for conditions that the DSM identifies as something other than a ‘mental disorder.’”</p>
	University of Utah Health Plans	<p>“Cosmetic Surgery means any surgical procedure performed primarily to improve physical appearance.”</p> <p>“Cosmetic/Reconstructive Services and Supplies. Cosmetic and/or reconstructive services and supplies, except in the treatment of the following: ? to treat a congenital anomaly for Claimants up to age 18; ? to restore a physical bodily function lost as a result of Injury or Illness; ? required as a result of an Accidental Injury, Illness, or therapeutic intervention and services are rendered or planned (as specifically documented in the Claimant’s medical record) within 12 months of the cause or onset of the Injury, Illness or therapeutic intervention (generally performed to restore function, but may also be</p>

		<p>done to restore a normal appearance); or ? related to breast reconstruction following a Medically Necessary mastectomy.”</p> <p>“Cosmetic means services or supplies that are applied to normal structures of the body primarily to improve or change appearance. Reconstructive means services, procedures or surgery performed on abnormal structures of the body, caused by congenital anomalies, developmental abnormalities, trauma, infection, tumors or disease. It is performed to restore function, but, in the case of significant malformation, is also done to approximate a normal appearance. Services specifically excluded include, but are not limited to, the following: ? services not medically necessary; ? complications from cosmetic surgery, except in cases of reconstructive surgery following a trauma; ? breast reduction; ? mastectomy for gynecomastia; ? blepharoplasty; ? capsulotomy, replacement, removal or repair of breast implant originally placed for cosmetic purposes; ? rhinoplasty, except when related to an accident; ? rhytidectomy; ? injection of collagen; ? lipectomy, abdominoplasty, panniculectomy; ? repair of diastasis recti; ? hair transplants; ? treatment for spider or reticular veins; ? liposuction; ? chin implant, genioplasty or horizontal symphyseal osteotomy; ? otoplasty; ? chemical peels”</p>
	SelectHealth	Information unavailable
VA	Anthem	<p>“Cosmetic Services. Provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve Your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of Your skin or to change the size, shape or appearance of facial or body features (such as Your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by Us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the Member was covered by another carrier/self-funded plan prior to coverage under this EOC. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or PCP for a Member incident to a covered mastectomy. This Exclusion does not apply to: surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance. HealthKeepers will not consider the patient’s mental state in deciding if the surgery is cosmetic”</p>
	Cigna	<p>“Cosmetic Surgery is performed to change the appearance of otherwise normal looking characteristics or features of the patient's body. A physical feature or characteristic is normal looking when the average person would consider that feature or characteristic to be within the range of usual variations of normal human appearance. Cosmetic Surgery Note: Cosmetic Surgery does not become Reconstructive Surgery because of psychological or psychiatric reasons.”</p> <p>“Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem. This exclusion shall not include Reconstructive Surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and Reconstructive Surgery because of congenital disease or anomaly of a covered dependent</p>

	<p>child which has resulted in a functional defect.”</p> <p>“Reconstructive Surgery is surgery to correct the appearance of abnormal looking features or characteristics of the body caused by birth defects, Injury, tumors, or infection. A feature or characteristic of the body is abnormal looking when an average person would consider it to be outside the range of general variations of normal human appearance. Reconstructive Surgery includes surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal craniofacial structure caused by congenital defects, developmental deformities, trauma, tumors, infections or disease. Reconstructive Surgery also includes, “breast reconstruction”. For the purpose of this Policy, breast reconstruction means reconstruction of a breast incident to mastectomy or lumpectomy to restore or achieve breast symmetry. The term includes surgical reconstruction of a breast on which mastectomy surgery has been performed and surgical reconstruction of a breast on which mastectomy surgery has not been performed. This Policy provides benefits for Reconstructive Surgery to correct significant deformities caused by congenital or developmental abnormalities, illness, injury or an earlier treatment in order to create a more normal appearance. Covered Services include surgery performed to restore symmetry after a mastectomy. Reconstructive services needed as a result of an earlier treatment are covered only if the first treatment would have been a Covered Service under this Policy.”</p>
<p>Kaiser Permanente</p>	<p>“Cosmetic Services Cosmetic Services, including surgery or related Services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies. Examples of Cosmetic Services include but are not limited to cosmetic dermatology, cosmetic surgical services and cosmetic dental services.”</p> <p>“We cover reconstructive surgery (a) to correct significant disfigurement resulting from an illness, injury, previous treatment, or Medically Necessary surgery, (b) to correct a congenital defect, disease, or anomaly in order to produce significant improvement in physical function, and (c) to treat congenital hemangioma known as port wine stains on the face. Following or at the same time of a mastectomy, we also cover reconstructive breast surgery and all stages of reconstruction of the other breast to produce a symmetrical appearance, and treatment of physical complications, including lymphedemas. Mastectomy is the surgical removal of all or part of a breast. Reconstructive breast surgery is surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts. Reconstructive breast surgery includes augmentation mammoplasty, reduction mammoplasty, and mastopexy. We also cover the following inpatient and outpatient Services: 1. Surgeries and procedures to correct congenital abnormalities that cause functional impairment and congenital abnormalities in newborn children; 2. Surgeries and procedures to correct significant deformities caused by congenital or developmental abnormalities, disease, trauma, or previous therapeutic process in order to create a more normal appearance, other than for orthognathic surgery; 3. Other invasive procedures, such as angiogram, arteriogram, amniocentesis, tap or puncture of brain or spine; 4. Endoscopic exams, such as arthroscopy, bronchoscopy, colonoscopy, and laparoscopy; 5. Treatment of fractures and dislocation, including splints; and 6. Pre-operative and post-operative care. See the benefit-specific exclusions immediately below for additional information.”</p>
<p>Optima</p>	<p>"Cosmetic Services are not Covered Services. This includes treatments, surgery, services, Prescription Drugs, equipment, or</p>

Health	<p>supplies given for cosmetic services. Cosmetic services are meant to preserve, change or improve how a person looks and not Medically Necessary. We will not cover any of the following: Ø Services to preserve, change or improve how a person looks or to change the texture or look of skin, the size, shape or look of facial or body features; Ø Surgery, reconstructive surgery, or other procedures that are cosmetic and not Medically Necessary to restore function or alleviate symptoms which can effectively be treated non-surgically; Ø Any service or supply that is a direct result of a non-covered service; Ø Breast augmentation or mastopexy procedures for correction of cosmetic physical imperfections, except as required by state or federal law regarding breast reconstruction and symmetry following mastectomy; Ø Tattoo removal; Ø Keloid treatment as a result of the piercing of any body part; Ø Consultations or office visits for obtaining cosmetic or Experimental procedures; Ø Penile implants; Ø Vitiligo or other cosmetic skin condition treatments by laser, light or other methods."</p> <p>"Reconstructive surgery - is not a Covered Service unless the surgery follows a trauma which causes anatomic functional impairment or is needed to correct a congenital disease or anomaly which has resulted in a functional defect. Emotional conflict or distress does not constitute Medical Necessity. This exclusion does not apply to reconstructive surgery required under the Women's Health and Cancer Rights Act."</p>
Piedmont Community Health Plan	<p>"Reconstructive or Cosmetic surgery, services, procedures, treatments, prescription drugs, equipment, or supplies given for cosmetic services. This includes any service or supply that is a direct result of a non-covered service. Cosmetic surgeries, procedures, or services are performed mainly to preserve, or change how you look, including but not limited to: body piercing; tattooing; or removal of tattoos. No Benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts). However, this Exclusion does not apply to: (1) a surgery or procedure to correct deformity caused by disease, trauma, or a previous therapeutic process; (2) surgeries or procedures to correct congenital abnormalities that cause functional impairment, including newborn congenital abnormalities; and (3) reconstructive breast surgery due to a mastectomy. Botox, collagen, and other filler substances are not covered."</p> <p>"Breast reductions, unless related to surgical interventions following a mastectomy."</p>
Virginia Premier	<p>"Cosmetic Services. Provided in connection with cosmetic services. Cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for social reasons. No benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts). Complications directly related to cosmetic services, treatment or surgery, as determined by us, are not covered. This exclusion applies even if the original cosmetic services treatment or surgery was performed while the member was covered by another carrier / self-funded plan prior to coverage under this EOC. Directly related means that the treatment or surgery occurred as a direct result of the cosmetic services treatment or surgery and would not have taken place in the absence of the cosmetic services treatment or surgery. This exclusion does not apply to conditions including but not limited to: myocardial infarction; pulmonary embolism; thrombophlebitis; and exacerbation of co-morbid conditions. This exclusion also does not apply to plastic or reconstructive surgery to restore breast symmetry by reduction mammoplasty, mastopexy or breast augmentation as recommended by the oncologist or provider for</p>

		a member incident to a covered mastectomy. This exclusion does not apply to: surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process. Coverage will include reduction or uplift surgery on the unaffected breast to produce a symmetrical appearance. Your plan will not consider the patient's mental state in deciding if the surgery is cosmetic."
	CareFirst	Information unavailable
WV	Highmark Blue Cross Blue Shield	"Schedule of benefits lists "Transsexual surgery" as covered. Cosmetic surgery covered: "Limited to reconstruction to restore body function or malformation caused by disease, trauma, birth defects, growth defects, prior therapeutic processes or as a result for an act of family violence." Exclusions: "Surgery and other Services or devices primarily to improve appearance and any complications incident to such services. Exceptions include: (a) only those that restore a body function or which were caused by disease, trauma, birth defects, growth defects, prior therapeutic processes; or (b) reconstructive Surgery following Covered Services for a mastectomy, including reconstruction of the other breast for the purpose of restoring symmetry; or (c) reconstructive or cosmetic Surgery necessary as a result of an act of family violence. There are no benefits for wigs and hair prostheses."
	CareSource	"For Health Care Services provided in connection with Cosmetic Procedures or cosmetic services. Cosmetic Procedures and cosmetic services are primarily intended to preserve, change or improve your appearance or are furnished for psychiatric or psychological reasons. No Benefits are available for surgery or treatments to change the texture or appearance of your skin or to change the size, shape or appearance of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts)."
WY	Blue Cross Blue Shield of Wyoming	"Cosmetic Surgery for beautification or aesthetic Surgery to improve an individual's appearance by surgical alteration of a physical characteristic are not Covered Services and do not become reconstructive Surgery because of Member's psychiatric or psychological reasons. Benefits for a cosmetic Surgery procedure and related expenses are allowed only when reconstructive Surgery is required as the result of a birth defect, accidental injury, or a malignant disease process or its treatment."