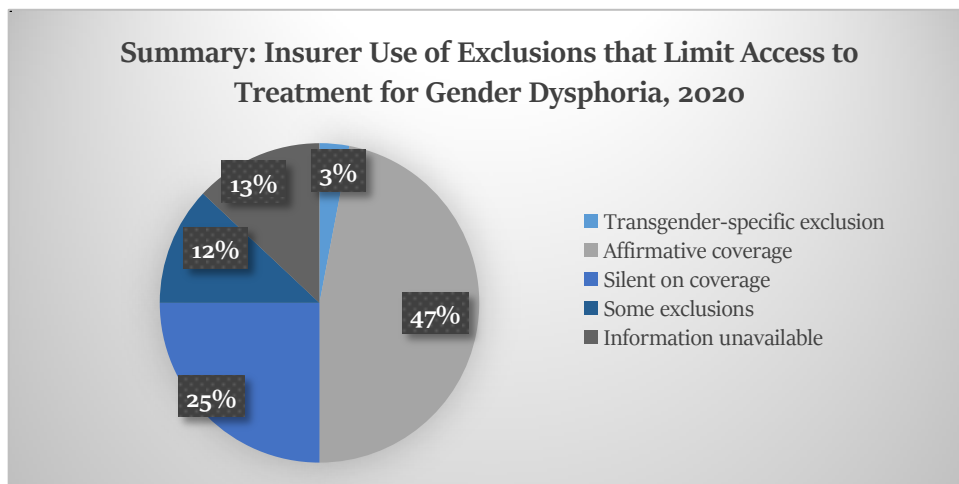


To assess the degree to which insurers complied with Section 1557 of the Affordable Care Act for the 2020 plan year, Out2Enroll collected and analyzed 1,057 silver marketplace plan options from 161 insurers in 38 states. This report briefly summarizes the methodology used and the results of this analysis.

Summary of Findings

- For the fourth year in a row, the vast majority of insurers did not use transgender-specific exclusions.** Most insurers (97% studied) did not include transgender-specific exclusions in their 2020 silver marketplace plans. This is the highest percentage of insurers recorded since Out2Enroll began conducting this analysis for the 2017 plan year; the percentage is high even though there are many more insurers participating in the marketplace than in prior years. Only plans from five insurers—AdventHealth and Health First Health Plans in Florida, Medical Mutual in Ohio, Sendero Health in Texas, and Common Ground in Wisconsin—continued to have discriminatory transgender-specific exclusions.
- More insurers than ever before affirmatively stated that medically necessary treatment for gender dysphoria was covered.** Nearly half of insurers (47% studied) incorporated plan language that stated that all or some medically necessary treatment for gender dysphoria would be covered by the plan. This percentage has increased every year (the 2017 plan year (18.5%), 2018 plan year (28%), and 2019 plan year (41%)) with more insurers including affirmative coverage language each year. An additional 25% of insurers were silent about the coverage of treatment for gender dysphoria: these insurers did not affirmatively state that such care is covered but also did not have other broad exclusions that could deny access to medically necessary care.
- Far fewer insurers had exclusions that would limit access to medically necessary treatment for gender dysphoria.** Only 12% of insurers did not include transgender-specific exclusions but completely excluded a procedure commonly used to treat gender dysphoria or incorporated potentially overbroad definitions of excluded “cosmetic” care. This is down significantly from 2019 (24.8%), 2018 (24%), and 2017 (55.5%).
- Consumers continue to find it challenging to obtain and review certificates of coverage.** Although plan documents were more available than in prior years, Out2Enroll could not access plan documents from 22 insurers (13% studied) to assess their coverage of treatment for gender dysphoria. This lack of access will continue to present challenges to transgender consumers when assessing coverage options.



Methodology

In October and November 2019, Out2Enroll reviewed 2020 silver plans sold through HealthCare.gov in 38 states. Plans were identified using the 2020 Plan Attributes PUF files, which include plan- and insurer-level information for certified qualified health plans from states participating in the federally facilitated marketplace. Out2Enroll limited its review to silver plans because these plans have historically been the most popular. Out2Enroll excluded dental-only plans, SHOP plans, cost-sharing reduction variation plans, off-marketplace plans, and child-only plans from its review. Once identified, Out2Enroll located each plan's Summary of Benefits and Coverage and Certificate of Coverage to assess whether the plan included 1) an exclusion with a transgender-specific reference; 2) an exclusion with a procedure commonly used in treatment for gender dysphoria; or 3) an exclusion for cosmetic or reconstructive services that would affect access to treatment. In total, Out2Enroll analyzed a record number of 1,057 silver marketplace plan options from 161 insurers in 38 states. This information was compiled into state-specific guides for transgender consumers and is available at: out2enroll.org/2020-cocs.

Findings

Most insurers have removed discriminatory transgender-specific exclusions in compliance with Section 1557 of the Affordable Care Act; however, some marketplace plans continue to include exclusions that limit access to medically necessary treatment for gender dysphoria. Of the plans reviewed from 161 insurers in 38 states, five insurers in four states—AdventHealth and Health First Health Plans in Florida, Medical Mutual in Ohio, Sendero Health in Texas, and Common Ground in Wisconsin—continued to use discriminatory transgender-specific exclusions. The language of these exclusions varies but all were categorical exclusions of treatment for gender dysphoria, including, for instance, hormone therapy, mental health services, and surgical procedures.

These exclusions must be addressed. However, the vast majority of insurers (97% studied) removed transgender-specific exclusions from their 2020 silver marketplace plan options. This analysis, which includes every state using HealthCare.gov, suggests that insurers continue to adjust their marketplace plan options in light of gender identity nondiscrimination protections under Section 1557.

Affirmative coverage for the treatment of gender dysphoria. In a significant shift from prior years, nearly half of insurers (47% studied) incorporated language indicating that all or some medically necessary treatment for gender dysphoria would be covered by the plan. This is up significantly from the 2017 plan year when Out2Enroll began this annual analysis and only 18.5% of insurers included affirmative coverage language. This language does, however, vary significantly by insurer and, in some cases, among the same insurer offering coverage in different states. Some insurers included extensive information on the coverage of gender dysphoria while others noted simply that the plan covers the medically necessary treatment of gender dysphoria.

About 12% of insurers did not include transgender-specific exclusions but excluded a transition-related procedure, or incorporated broad “cosmetic” exclusions that would likely deny access to medically necessary treatment for gender dysphoria. This approach, especially in the absence of affirmative coverage for the treatment of gender dysphoria, continues to be problematic for transgender consumers (but is much lower than the 55.5% of insurers with partial exclusions that Out2Enroll observed in 2017).

An additional 25% of insurers were silent about the coverage of treatment for gender dysphoria. While these insurers did not affirmatively state that transition-related care is covered, the plans did not have broad exclusions that would likely automatically deny access to medically necessary treatment for gender dysphoria. Where a plan is silent about coverage, transgender consumers should expect that their medically necessary health care needs will be

covered in accordance with plan rules and protocols. A full summary of the plan language is available here: https://drive.google.com/drive/u/2/folders/1SSprlNG41BYbrs_1kgaQA_F5bkeXniVc.

Conclusion

Although some gaps remain in the nondiscriminatory coverage of medically necessary treatment for gender dysphoria, insurers that offer marketplace plans continue to make significant progress in complying with Section 1557. To better ensure that transgender people have a minimal level of access to medically necessary treatment, Out2Enroll 1) urges insurers to affirmatively state in their plan documents that medically necessary treatment for gender dysphoria is covered; and 2) urges state and federal insurance regulators to encourage the use of affirmative coverage language and closely review plan documents to ensure compliance with state and federal gender identity nondiscrimination requirements.

STATE-LEVEL SUMMARY OF INSURER APPROACHES TO TRANS EXCLUSIONS, 2020

State	Affirmative Coverage	Broad Exclusion	Some Exclusions	Silent	Unavailable
AK	Premera			Moda Health Plan	
AL				Blue Cross Blue Shield of Alabama, Bright Health	
AR	Ambetter, Blue Cross Blue Shield of Arkansas				
AZ	Ambetter, Cigna, Oscar			Blue Cross Blue Shield of Arizona, Bright Health	
DE				Highmark	
FL	Ambetter, Blue Cross Blue Shield of Florida, Cigna, Florida Health Care Plans, Molina, Oscar	AdventHealth, Health First Health Plans		Bright Health	
GA	Ambetter, Oscar		Anthem, CareSource	Kaiser Permanente	Alliant
HI	Hawaii Medical Service Association			Kaiser Permanente	
IA	Medica			Wellmark	
IL	Ambetter, Cigna, Health Alliance			Blue Cross Blue Shield of Illinois, Quartz	
IN			CareSource	Ambetter	
KS	Ambetter, Cigna, Medica, Oscar				Blue Cross Blue Shield of Kansas
KY			Anthem, CareSource		
LA			Blue Cross Blue Shield of Louisiana	Christus Health Plan	Vantage
ME	Harvard Pilgrim Health Care		Anthem		Community Health Options
MI	Blue Cross Blue Shield Blue Care Network of Michigan, McLaren, Meridian, Molina, Oscar, Physicians Health Plan Michigan				Priority Health, Total Health Care
MO	Ambetter, Cigna, Medica, Oscar		Anthem		Cox Health Plans, WellFirst
MS	Ambetter, Molina				
MT	Montana Health Co-Op, Pacific Source			Blue Cross Blue Shield of Montana	
NC	Blue Cross Blue Shield of North Carolina, Cigna			Ambetter, Bright Health	
ND	Blue Cross Blue Shield of North Dakota, Medica, Sanford Health				
NE	Medica			Bright Health	
NH	Ambetter, Harvard Pilgrim Health Care		Anthem		
NJ					AmeriHealth New Jersey, Horizon Blue Cross Blue Shield of New Jersey, Oscar

NM	Blue Cross Blue Shield of New Mexico, Molina, New Mexico Health Connections, True Health				
OH	Ambetter, Oscar, Paramount Health Care	Medical Mutual	Anthem, CareSource	Molina	AultCare Health Plans, SummaCare
OK	Medica			Blue Cross Blue Shield of Oklahoma, Bright Health	
OR	BridgeSpan Health, Kaiser Permanente, Moda Health Plan, Pacific Source, Providence Health Plan				
PA	Ambetter, Highmark Blue Cross Blue Shield, Independence Blue Cross, Oscar			Capital Blue Cross, UMPC Health Plan	Geisinger Health Plan
SC	Molina		Blue Cross Blue Shield of South Carolina	Ambetter, Bright Health	
SD	Sanford Health				Avera
TN	Cigna, Oscar			Ambetter, Bright Health	Blue Cross Blue Shield of Tennessee
TX	Ambetter, Molina, Oscar	Sendero Health Plan	Community Health Choice, First Care Health Plans	Christus Health Plan, Blue Cross Blue Shield of Texas	
UT	Molina		University of Utah Health Plans	BridgeSpan, Cigna, SelectHealth	
VA	CareFirst, Oscar		Anthem, Virginia Premier	Cigna, Kaiser Permanente, Piedmont Community Health Plan	Optima
WI	Medica, Molina	Common Ground	Network Health	Arise Health Plan, Children's Community Health Plan, Dean Health Plan, HealthPartners, Security Health Plan	Mercy Care, Prevea, Quartz
WV	Highmark Blue Cross Blue Shield		CareSource		
WY				Blue Cross Blue Shield of Wyoming	