



TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE



GEORGIA 2018

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

- To see our analysis of **transgender exclusions** in silver plans sold through HealthCare.gov, check out: [Transgender Health Insurance Guide for 2018: Georgia](#). These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.
- To see more **detailed information about each silver plan**, check out the documents below. Insurance companies are listed in **bold** and we have included links to each plan’s specific **Summary of Benefits & Coverage** (a summary of plan features and out-of-pocket costs) and **Evidence of Coverage** (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2018 marketplace plan.

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

BlueCross BlueShield Healthcare Plan of Georgia

BCBSHP Silver Pathway X HMO 10% for HSA	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd1G5S	Evidence of Coverage
BCBSHP Silver Pathway X HMO 3000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd1G5Y	Evidence of Coverage

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BCBSHP Silver Pathway X HMO 2000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd1G6K	Evidence of Coverage
BCBSHP Silver Pathway X HMO 2900	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd1G6R	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 10% for HSA	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J33	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 2000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J3I	Evidence of Coverage
BCBSHP Silver Pathway X HMO 5300	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J3Q	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 3150	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J3W	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 5300	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J42	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 3000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2J4G	Evidence of Coverage
BCBSHP Silver Pathway X HMO 4950	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2VY4	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 4950	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2VYA	Evidence of Coverage
BCBSHP Silver Pathway X HMO 6000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2VYN	Evidence of Coverage
BCBSHP Silver Pathway X Guided Access HMO 6000	Summary of Benefits & Coverage available at: https://www.sbc.anthem.com/dps/ccd2VZK	Evidence of Coverage

Ambetter Balanced Care

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2018

Ambetter Balanced Care 1 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 2 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 4 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 1 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 2 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 1 (2018) + Vision + Adult Dental	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 2 (2018) + Vision + Adult Dental	Summary of Benefits & Coverage	Evidence of Coverage

Kaiser Permanente

KP GA Signature Silver 2750/20%/H.S.A.	Summary of Benefits & Coverage	Evidence of Coverage
KP GA Signature Silver 3000/30	Summary of Benefits & Coverage	Evidence of Coverage
KP GA Signature Silver 4700/35	Summary of Benefits & Coverage	Evidence of Coverage
KP GA Signature Silver Std 3500/30	Summary of Benefits & Coverage	Evidence of Coverage
KP GA Silver 2750/20%/H.S.A.	Summary of Benefits & Coverage	Evidence of Coverage
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KP GA Silver 4700/35	Summary of Benefits & Coverage	Evidence of Coverage
KP GA Silver Std 3500/30	Summary of Benefits & Coverage	Evidence of Coverage

Alliant

83761GA0040010012018	Summary of Benefits & Coverage	Evidence of Coverage
83761GA0040017012018	Summary of Benefits & Coverage	Evidence of Coverage

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