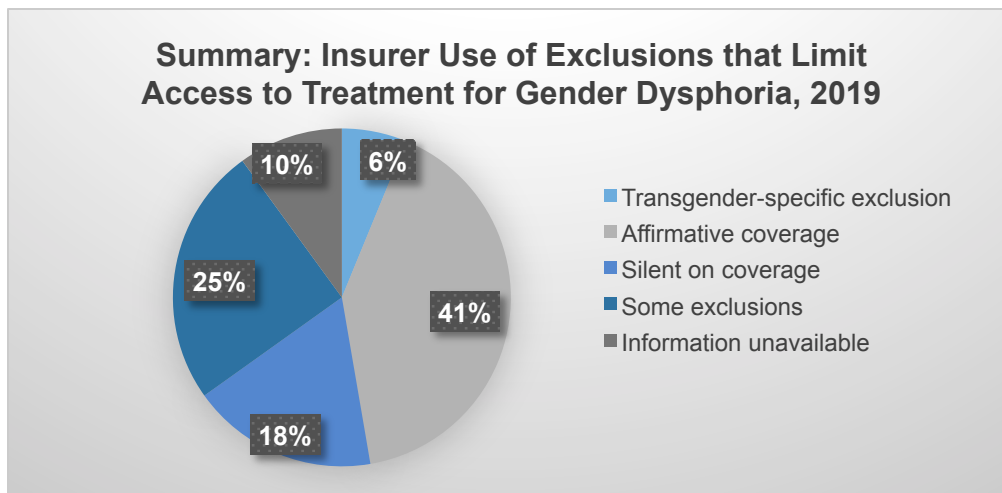


**Summary of Findings:  
2019 Marketplace Plan Compliance with Section 1557**

To assess the degree to which insurers complied with Section 1557 of the Affordable Care Act for the 2019 plan year, Out2Enroll collected and analyzed 622 silver marketplace plan options from 129 insurers in 38 states. This report briefly summarizes the methodology used and the results of this analysis.

**Summary of Findings**

- **For the third year in a row, the majority of insurers did not use transgender-specific exclusions.** Most insurers (94% studied) did not include transgender-specific exclusions in their 2019 silver marketplace plans. Only plans from eight insurers—AultCare Health Plans in Ohio, Florida Hospital Care Advantage in Florida, Health First Health Plans in Florida, Medical Mutual in Ohio, Oscar in Tennessee, Christus Health Plan in New Mexico and Texas, and Sendero Health in Texas—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 (41% studied) incorporated plan language that stated that all or some medically necessary treatment for gender dysphoria would be covered by the plan. In 2017 and 2018, only 18.5% and 28% of insurers, respectively, had affirmative coverage language. An additional 17.8% 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.
- **Fewer insurers had exclusions that would limit access to medically necessary treatment for gender dysphoria.** About one-quarter of insurers (24.8%) did not include transgender-specific exclusions but completely excluded a procedure commonly used to treat gender dysphoria, incorporated potentially overbroad definitions of excluded “cosmetic” care, or narrowly construed reconstructive benefits that would deny access to medically necessary treatment for gender dysphoria. This is relatively unchanged from 2018 but down significantly compared to 55.5% of insurers that had this type of language in their plans in 2017.
- **Consumers continue to find it challenging to obtain and review certificates of coverage.** Although plan documents were more available than in 2017 and 2018, Out2Enroll could not access plan documents from 13 insurers (10% 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 November 2018, Out2Enroll reviewed 2019 silver plans sold through HealthCare.gov in 38 states. Plans were identified using the 2019 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, garnering more than half of enrollment nationwide in 2018 in HealthCare.gov states. 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 622 silver marketplace plan options from 129 insurers in 38 states. This information was compiled into state-specific guides for transgender consumers and is available at [out2enroll.org/2019-cocs/](https://out2enroll.org/2019-cocs/).*

## **Findings**

*Discriminatory exclusions of transgender-related care: Most insurers have removed discriminatory transgender-specific exclusions in compliance with Section 1557 of the Affordable Care Act; however, some marketplace plans continue to have exclusions that limit access to medically necessary treatment for gender dysphoria. Of the plans reviewed from 129 insurers in 38 states, eight insurers in five states—AultCare Health Plans in Ohio, Florida Hospital Care Advantage in Florida, Health First Health Plans in Florida, Medical Mutual in Ohio, Oscar in Tennessee, Christus Health Plan in New Mexico and Texas, and Sendero Health in Texas—continued to use discriminatory transgender-specific exclusions. The language of these exclusions varies but plans from all eight insurers contained 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 (94% studied) removed transgender-specific exclusions from their 2019 silver marketplace plan options. This analysis, which includes nearly every state using HealthCare.gov, suggests that most marketplace coverage plans continue to adhere to the gender identity nondiscrimination protections under Section 1557.*

*Affirmative coverage for the treatment of gender dysphoria: In a significant shift from 2018 to 2019, nearly half of insurers (41% studied) incorporated language indicating that all or some medically necessary treatment for gender dysphoria would be covered by the plan. This is up from 28% in 2018 and 18.5% in 2017, representing a 122% increase in the number of insurers that included this language since 2017. Affirmative coverage language varied significantly. Some insurers included extensive information on the coverage of gender dysphoria while others noted simply that the plan covers the treatment of gender dysphoria.*

*While about one-quarter of insurers did not explicitly exclude transition-related care, they excluded a procedure commonly sought for gender transition, incorporated broad “cosmetic” exclusions, or narrowly construed reconstructive benefits in a way 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 17.8% 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, nor did they list broad exclusions that would likely automatically limit 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 catalogue of the relevant language from all the plans reviewed by Out2Enroll is available at <https://out2enroll.org/out2enroll/wp-content/uploads/2018/11/2019-Plan-Language.pdf>.*

**Conclusion**

*Although some gaps remain in the nondiscriminatory coverage of the 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 adequate 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.*

**APPENDIX I: STATE-LEVEL SUMMARY OF INSURER APPROACHES TO TRANS EXCLUSIONS**

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

<b>State</b>	<b>Affirmative Coverage</b>	<b>Broad Exclusion</b>	<b>Some Exclusions</b>	<b>Silent</b>	<b>Unavailable</b>
<b>NJ</b>				AmeriHealth New Jersey, Horizon Blue Cross Blue Shield of New Jersey, Oscar	
<b>NM</b>	Molina	Christus Health Plan	Blue Cross Blue Shield of New Mexico, New Mexico Health Connections		
<b>NV</b>				Ambetter	Health Plan of Nevada
<b>OH</b>	Ambetter, Paramount Health Care, SummaCare	AultCare Health Plans, Medical Mutual	Anthem, CareSource	Molina, Oscar	
<b>OK</b>	Medica		Blue Cross Blue Shield of Oklahoma		
<b>OR</b>	BridgeSpan Health, Kaiser Permanente, Moda Health, Pacific Source, Providence Health Plan				
<b>PA</b>	Ambetter, Highmark Blue Cross Blue Shield, Independence Blue Cross			Capital Blue Cross, UMPC Health Plan	Geisinger Health Plan
<b>SC</b>			Blue Cross Blue Shield of South Carolina	Ambetter	
<b>SD</b>	Sanford Health				Avera
<b>TN</b>	Cigna	Oscar	Bright Health	Ambetter, Blue Cross Blue Shield of Tennessee	
<b>TX</b>	Ambetter, Molina	Christus Health Plan, Sendero Health Plans	Blue Cross Blue Shield of Texas, First Care Health Plans, Oscar		Community Health Choice
<b>UT</b>	Molina		University of Utah Health Plans		SelectHealth
<b>VA</b>			Anthem, Cigna, Kaiser Permanente, Optima Health, Piedmont Community Health Plan, Virginia Premier		CareFirst
<b>WV</b>	Highmark Blue Cross Blue Shield		CareSource		
<b>WY</b>				Blue Cross Blue Shield of Wyoming	