

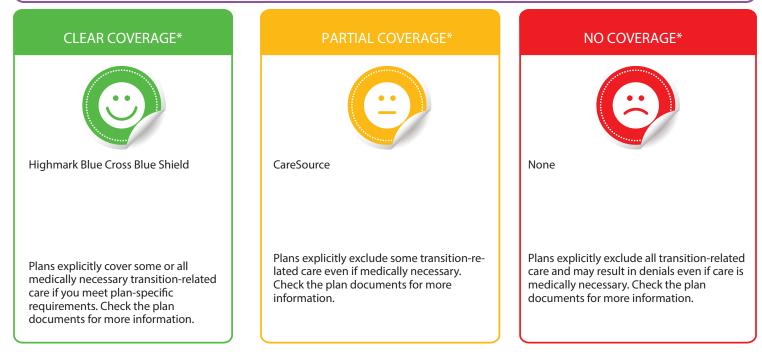
TRANSGENDER OUT ENROLL HEALTH INSURANCE GUIDE TO THE MARKETPLACE



Marketplace plans sold through HealthCare.gov CAN NO LONGER:

- REFUSE TO INSURE transgender people
- · HAVE EXCLUSIONS that deny all transition-related care
- DENY COVERAGE solely because you are transgender
- LIMIT ACCESS to "sex-specific" services (like hysterectomies or prostate exams) based on sex assigned at birth, gender identity, or gender marker

These new protections are key, but you may still have to fight for your right to health care.



*THIS INFORMATION APPLIES TO TRANSGENDER AND COSMETIC EXCLUSIONS ONLY.

You should carefully review each plan (including plans that offer clear coverage) to ensure it meets your needs.

This Guide is provided solely for informational purposes and should not be used as a substitute for a full review of each plan.

WE RECOMMEND ALWAYS GETTING PRIOR AUTHORIZATION FROM YOUR INSURANCE COMPANY FOR ANY HEALTH CARE RELATED TO GENDER TRANSITION. (Prior authorization forms are available from your health provider.)

EXPECT MORE, DEMAND MORE FROM ALL PLANS

- Coverage denied? APPEAL, APPEAL, APPEAL. Visit http://bit.ly/2hGFuWn to learn more.
- Exclusion in your plan? FILE A COMPLAINT at your state insurance department at wvinsurance.gov/ or contact a legal organization at http://bit.ly/2hHkLxi
- · Discrimination by insurer or health provider? CONTACT a legal organization at http://bit.ly/2hHkLxi

WANT MORE INFORMATION?

For additional plan-specific information, please visit: out2enroll.org/2020-cocs

To make a free appointment with a trans-friendly assister, please visit: out2enroll.org/enrollment-help

Nearly 9 in 10 people get a discount to make health insurance more affordable. Learn more at HealthCare.gov

DISCLAIMER: These ratings were compiled by Out2Enroll through a review of silver marketplace plans. You should carefully review each plan (including plans that offer affirmative coverage) to ensure it meets your needs. This Guide is provided solely for informational purposes and should not be used as a substitute for a full review of each plan based on an individual's medical needs.