

Transgender Benefits - the WA State Mandate and Group Health's Response to Coverage

In June 2014, the Washington Office of Insurance Commissioner (OIC) sent a notice to all carriers in order to clarify that the “broad exclusions of coverage on the basis of gender identity are prohibited under” Washington state’s Law Against Discrimination. The state law, coupled with the Affordable Care Act’s (ACA) provision against discrimination and exclusion from treatment in health programs receiving Federal assistance, “affords policyholders who identify as transgender the full measure of benefits under health insurance policies as individuals seeking medically necessary treatment for non-gender identity related conditions.”

Group Health’s transgender services coverage will become effective on June 1, 2015.

Transgender Services

Medically Necessary medical and surgical services for gender reassignment.

Hospital - Inpatient: Member pays applicable plan cost shares

Prescription drugs are covered the same as for any other condition (see Drugs- Outpatient Prescription for coverage).

Hospital - Outpatient: Member pays applicable plan share costs.

Counseling services are covered the same as for any other condition (see Mental Health for coverage).

Outpatient Services: Member pays applicable plan cost shares

Transgender services require Preauthorization.

Exclusions: Cosmetic services including treatment for complications resulting from cosmetic surgery; cosmetic surgery; complications of non-Covered Services; travel.