
Below please find the information from the COC's that highlight the Gender Identity Disorder/
Gender Dysphoria Treatment Rider. Additionally, please find the COC's.

Gender Identity Disorder/Gender Dysphoria Treatment Rider

University of Miami Student Health Plan

This Rider to the Policy is issued to the Enrolling Group and provides Benefits for the treatment of Gender Identity Disorder/Gender Dysphoria.

Because this Rider is part of a legal document (the group Policy), we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms* and in this Rider below.

Section 1: Covered Health Services

The following provision is added to the Certificate, Section 1: Covered Health Services:

Gender Identity Disorder/Gender Dysphoria Treatment

Benefits for the treatment of Gender Identity Disorder/Gender Dysphoria are limited to the following services:

- Psychotherapy for Gender Identity Disorder/Gender Dysphoria and associated co-morbid psychiatric diagnoses.
- Continuous hormone replacement - hormones of the desired gender.
- Hormones injected by a medical provider (for example during an office visit). (Benefits for oral and self-injected hormones from a pharmacy are provided as described in the *Outpatient Prescription Drug Rider*.)
- Genital surgery for the treatment of Gender Identify Disorder/Gender Dysphoria (by various techniques which must be appropriate to each patient), including the surgeries listed below.

- Complete hysterectomy.
- Orchiectomy.
- Penectomy.
- Vaginoplasty.
- Vaginectomy.
- Clitoroplasty.
- Labiaplasty.
- Salpingo-oophorectomy.
- Metoidioplasty.
- Scrotoplasty.
- Urethroplasty.
- Placement of testicular prosthesis.
- Phalloplasty.
- Surgery to change specified secondary sex characteristics, specifically the three listed below.
 - Thyroid chondroplasty (reduction of the Adam's Apple).
 - Bilateral mastectomy.
 - Augmentation mammoplasty (including breast prosthesis if necessary) if the Physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months is not sufficient for comfort in the social role.
- Laboratory testing to monitor the safety of continuous hormone therapy.

Hormone Replacement Eligibility Qualifications

The Covered Person must meet all of the following eligibility qualifications for hormone replacement:

- Age 18 years or older for hormones to change physical characteristics.
- Demonstrable knowledge of what hormones medically can and cannot do and their social benefits and risks.
- The Covered Person must meet the definition of Gender Identity Disorder/Gender Dysphoria (see definition below).
- Initial hormone therapy must be preceded by either of the following:
 - ♦ A documented real-life experience (living as the other gender) of at least three months prior to the administration of hormones.
 - ♦ A period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of three months).

Genital Surgery and Surgery to Change Secondary Sex Characteristics Eligibility Qualifications:

The Covered Person must meet all of the following eligibility qualifications for genital surgery and surgery to change secondary sex characteristics:

- The surgery must be performed by a qualified provider at a facility with a history of treating individuals with Gender Identity Disorder/Gender Dysphoria:
 - The treatment plan must conform to the *World Professional Association for Transgender Health Association (WPATH) Version 7* standards. (The *World Professional Association for Transgender Health Association (WPATH)* is an advocacy group.)
 - The Covered Person must be age 18 years or older for irreversible surgical interventions.
 - The Covered Person must complete 12 months of continuous hormone therapy for those without contraindications.
 - The Covered Person must complete 12 months of successful continuous full time real life experience in the desired gender.

- The Covered Person must meet the definition of Gender Identity Disorder/Gender Dysphoria (see definition below).
- The Covered Person's Physician who is performing the surgery must follow the prior authorization process prior to performing the surgery.

Schedule of Benefits

The provision below for Gender Identity Disorder/Gender Dysphoria is added to the Schedule of Benefits and the following bulleted item is added to the Schedule of Benefits as a Covered Health Service which requires prior authorization under Covered Health Services which Require Prior Authorization:

Gender Identity Disorder/Gender Dysphoria treatment.

Covered Health Service	Benefit (The Amount We Pay, based on Eligible Expenses)	Apply to the Out-of-Pocket Maximum?	Must You Meet Annual Deductible?
Gender Identity Disorder/Gender Dysphoria Treatment			
Prior Authorization Requirement			
<p>For Network Benefits, your Network provider is responsible for obtaining prior authorization. For Non-Network Benefits, you must obtain prior authorization as soon as possible for any of the services listed above for Gender Identity Disorder/Gender Dysphoria treatment. If you fail to obtain prior authorization as required, Benefits will be reduced to 50% of Eligible Expenses</p>			
	<p>Network</p> <p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in the <i>Schedule of Benefits</i>.</p> <p>Non-Network</p> <p>Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in the <i>Schedule of Benefits</i>.</p>		

Section 2: Exclusions and Limitations

The exclusion for sex transformation operations and related services in the Certificate under Section 2: Exclusions and Limitations, Procedures and Treatments is deleted. In addition, the following exclusions apply:

- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.
- Sperm preservation in advance of hormone treatment or gender surgery.
- Cryopreservation of fertilized embryos.
- Voice modification surgery.
- Voice therapy.
- Facial feminization surgery, including but not limited to: facial bone reduction, face "lift", facial hair removal, and certain facial plastic procedures.
- Suction-assisted lipoplasty of the waist.
- Rhinoplasty (except if reconstructive criteria for rhinoplasty is met).
- Blepharoplasty (except if reconstructive criteria for blepharoplasty is met).
- Surgical or hormone treatment on Covered Persons under 18 years of age.
- Surgical treatment not prior authorized by us as required.
- Drugs for hair loss or growth.
- Drugs for sexual performance or cosmetic purposes.
- Chest masculinization.

- Use of surrogate.

Section 9: Defined Terms

The following definition of Gender Identity Disorder/Gender Dysphoria is added to the Certificate under Section 9: Defined Terms:

Gender Identity Disorder/Gender Dysphoria - a disorder characterized by the following diagnostic criteria:

- A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
 - Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
 - The disturbance is not concurrent with a physical intersex condition.
 - The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - The transsexual identity has been present persistently for at least two years.
 - The disorder is not a symptom of another mental disorder or a chromosomal abnormality.
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