Priority Health Coverage of Transitional Care

The GVSU medical plans provide coverage for the treatment of gender dysphoria. Below is a list of transition-related procedures and whether or not they are covered on the plan.

PROCEDURE	COVERED?	REQUIREMENTS
Mental Health Services Related to Gender Identity and Gender Dysphoria	✓	N/A
Hormone Replacement Therapy (HRT)	✓	• Evaluation and minimum of 3 months of mental health therapy for the diagnosis of gender dysphoria • Management of comorbid medical or mental health conditions • Capacity to make a fully informed decision and consent for treatment • Lab testing to monitor • Member's contract must include a prescription drug rider
Lab Testing to Monitor HRT	✓	N/A
Puberty Suppression	✓	• Onset of puberty to at least Tanner Stage 2 • Long-lasting and intense pattern of gender non-conformity or gender dysphoria • Gender dysphoria worsened with the onset of puberty • Parent(s)/guardian(s) involvement and support • Evaluation and minimum of 3 months of mental health therapy for the diagnosis of gender dysphoria *(Continued on next page)*

PROCEDURE	COVERED?	REQUIREMENTS
Puberty Suppression *(Continued)*		• Management of comorbid medical or mental health conditions • Capacity to make a fully informed decision and consent for treatment • Lab testing to monitor
Hair Removal		N/A
Cosmetic Items/Services		N/A
Voice Therapy/Voice Modification Surgery		N/A

Reproductive Services		• See documents:
		  • "Infertility Diagnosis and Treatment/Assisted Reproduction/ Artificial Conception"
		  • "Sperm & Oocyte Retrieval and Storage"

Breast Surgery (i.e., masectomy, breast reduction)		• Age 18 or older • Diagnosis of gender dysphoria • Active participant in a recognized "gender identity treatment program" • Capacity to make a fully informed decision and consent for treatment • "Female to male" patients • One letter of support from a qualified mental health professional
Gonadectomy (i.e., hysterectomy, salpingo-oophorectomy, orchiectomy		• Age 18 or older • Diagnosis of gender dysphoria • Active participant in a recognized "gender identity treatment program" • Capacity to make a fully informed decision and consent for treatment • Two letters of recommendation for surgery from two qualified mental health professionals (one comprehensive report) • Credential Requirements • Documentation of at least 12 moths of continuous hormone replacement therapy

PROCEDURE	COVERED?	REQUIREMENTS
Genital Reconstructive Surgery (i.e., colpectomy vaginectomy, urethroplasty, metoidioplasty with initial phalloplasty, scrotoplasty, colovaginoplasty penectomy, vaginoplasty, labiaplasty, clitoroplasty)		• Age 18 or older • Diagnosis of gender dysphoria • Active participant in a recognized "gender identity treatment program" • Capacity to make a fully informed decision and consent for treatment • Two letters of recommendation for surgery from two qualified mental health professionals (one comprehensive report) • Credential Requirements • Documentation of at least 12 moths of continuous hormone replacement therapy • Patient has lived within desired gender role (social transition) for at least 12 months
Breast Enlargement Procedures		N/A
Facial Reconstruction, Lifts, Implants, Augmentations, Reductions, Enhancements		N/A
Gluteal and Hip Augmentation		N/A
Hair Transplantation		N/A
Liposuction, Lipofilling		N/A
Mastopexy		N/A
Nipple/Areola Reconstruction		N/A
Pectoral Implants		N/A

PROCEDURE	COVERED?	REQUIREMENTS
Trachea Shave	✗	N/A

More detailed information can be found in the **Priority Health Gender Dysphoria Benefits Outline**.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.

KEY

✓ = covered ✗ = not covered ~ = look to plan documents for further information