

Emergent Holdings Health Plan Coverage for Gender-Affirming Services

Emergent Holdings health plans include benefits for many medically necessary gender-affirming services for transgender members.

Gender Affirmation, Mastectomy, Psychotherapy and Counseling Services

Emergent Holdings Health Plans include benefits for medically necessary genital surgery for gender affirmation, mastectomy infemale-to-male transition, hormone therapy, puberty suppression in adolescents and psychotherapy and counseling services for the treatment of gender dysphoria.

Applicable co-pays, deductibles, and coinsurance are based on the member's health plan selection. There are no plan maximums for these services.

Facial Feminization and Masculinization, Chondrolaryngoplasty, Facial Hair Removal, Liposuction and Speech Language Therapy

Effective February 1, 2023, Emergent Holdings NBU Health Plans will include benefits for certain facial feminization and masculinization procedures, chondrolaryngoplasty (Adam's apple reduction), facial hair removal (face and neck), liposuction (male or female contour), and speech-language therapy (including voice modification surgery and voice therapy and lessons so that the timbre of the voice matches new gender). These services are benefits under a member's health plan when determined to be medically necessary to treat gender dysphoria. For services to be benefits under a member's health plan, the member must meet medical necessity criteria.

Included procedures*	Excluded procedures
 Forehead contouring/	 Rhytidectomy Otoplasty Lip enhancement
reconstruction Mandible contouring/	(filler, vermillion augmentation) Hair transplantation/
reconstruction Rhinoplasty Genioplasty Blepharoplasty Lip lift via alar base excision Chondrolaryngoplasty *When medical necessity is established.	hairline repositioning Dermabrasion Chemical peel Collagen injections

Facial feminization and masculinization surgeries, chondrolaryngoplasty, facial hair removal, liposuction and Speech Language Therapy require prior authorization and may be considered medically necessary for members who meet all of the following criteria:

- The member has persistent, well-documented gender dysphoria manifested by clinically significant distress and by significant functional impairment. This assessment has been made via a detailed psychological assessment and documented by a mental health professional (either psychiatrist, PhD-prepared clinical psychologist or master's-level clinician who is licensed to practice independently in their state).
- The member is 18 years of age or older.
- The member has the capacity to make a fully informed decision and to consent for treatment.

• If significant medical or mental health concerns are present, they must be controlled.

Facial feminization surgeries, liposuction and chondrolaryngoplasty additionally require that members meet both of the following criteria:

- 12 continuous months of hormone therapy (estrogen), unless there is a medical contraindication to hormonal therapy
- 12 continuous months of living as a woman

Facial masculinization surgeries additionally and liposuction require that members meet both of the following criteria:

- 12 continuous months of hormone therapy (testosterone), unless there is a medical contraindication to hormonal therapy
- 12 continuous months of living as a man

Family Building Benefits

Transgender members have access to family-building benefits. These benefits are only available to NBU employees who are benefit eligible.

Travel Concierge

The travel concierge is a benefit available to NBU employees effective January 1, 2023. This benefit allows options for services when care is not available close to members' homes and has an annual maximum of **\$4,000** per member per year.

The travel concierge is available for any of the following procedure categories:

- Gender-affirmation care
- Behavioral health services
- Human organ transplant BCN (covered under base medical benefit for Blue Cross members)
- Maternity/reproductive health services
- Pregnancy termination
- Rare condition treatment

For a service to be a benefit under your health plan, it must meet these requirements:

- The service must be performed by an in-network participating provider
- All required procedure prior authorizations must be secured for travel to be approve
- Members must not be able to receive the treatment within the 100-mile travel radius from their home

How does the benefit work for the member?

Members call the customer service number on the back of their ID card and request approval to travel for treatment. Once eligibility is confirmed and travel is approved, the member receives a call from their travel concierge at their desired time or within one business day of an approved request. The travel concierge helps the member understand the expenses their benefits will cover as well as any other obligations. The travel concierge also arranges air travel and hotels for the member. The member will be responsible to pay for lodging costs above the IRS limit. The member submits receipts for any incremental travel expenses (mileage, parking and tolls) and receives reimbursement for approved expenses within 30 calendar days.

Reimbursable expenses

Travel and lodging

• Roundtrip travel (air, train, bus taxi/ride sharing services or economy class car rental) is reimbursed for travel between the member's home and the location where they receive services.

- Mileage reimbursement is based on then current IRS mileage reimbursement standards for medical travel. Tolls and parking are also reimbursable expenses.
- Airfare is limited to commercially scheduled coach class tickets and does apply to the benefit maximum.
- Lodging is limited to \$50 per person per night (up to \$100 if a companion travels or up to \$150 if two adult companions travel with members under 18).

Companion travel

- Benefits are provided if a companion's presence is needed for the member to receive health care services (limited to one companion).
- If the member is younger than 18 years of age, two companions are allowed.

What about high deductible health plans?

Travel for medical purposes is treated as a covered medical benefit. A member with a high-deductible health plan must meet their deductible before the plan pays. Travel expenses incurred before the deductible is met will accumulate to the member's deductible and out-of-pocket maximum subject to IRS limits. Travel that occurs after the member has met their deductible will not be applied to OOPM and will be covered up to IRS limits. Coinsurance will not be applied to travel benefits after the deductible is met.

Access to Providers

Emergent Holdings Health Plans require prior authorization and the use of in-network providers for coverage ofgender-affirming services.

Standards of Care

Emergent Holding's coverage of gender-affirming services follows <u>standards defined by the World</u> <u>Professional Association for Transgender Health (WPATH)</u> whenever possible. As WPATH issues new standards overtime, Emergent Holdings may re-evaluate coverage and medical necessity criteria, as needed.

Changing Name and/or Gender in Oracle Cloud

Transgender employees who need to change their legal name and/or gender should do so in <u>Oracle</u> <u>Cloud</u>. Navigate to Me \rightarrow Personal Information \rightarrow Personal Details and then click the pencil to make your changes. You will update your name under the Name section and gender under the Demographic Info section. You can also upload your supporting documents in this section as well (updated driver's license, social security card, etc.). Your name and/or gender changes will flow over to membership automatically.

Please note that changing your name in this section of Oracle does not automatically change your email/username for your computer. Please contact the <u>IT Help Desk</u> directly for assistance to changeyour email.

Benefits Advocate

Employee Benefits has designated a specific staff member who is knowledgeable about and sensitive to the unique benefit related issues that transgender members of our community may encounter. Faculty and staff with questions about benefit issues related to transgender status are encouraged to contact Lyndsay Jones at LJones8@bcbsm.com.