# University of Utah Gender Dysphoria Treatment

This overview provides assistance in interpreting UnitedHealthcare's Benefit Guidelines and Medical Policies for Gender Dysphoria Determination. These Guidelines and Policies will be applied in their entirety. This is not designed to be a guarantee of benefits.

### University of Utah/UnitedHealthcare Student Health Insurance

University of Utah/UnitedHealthcare **Student**Resources Insurance coverage for 2021-2022 School year includes enhanced benefits for the treatment of Gender Dysphoria (gender affirmation surgery), recently reclassified in the DSM-V as Gender Dysphoria.

## **Access to Services & Coverage Levels:**

- Student health center referral requirements may apply; review the Certificate of Coverage for additional information
- Paid as any other sickness for In-Network Providers
- Paid as any other sickness for Out-of-Network Providers

### Standard plans include coverage for the following services for gender dysphoria:

- Psychotherapy
- Continuous hormone replacement therapy
- For specific criteria related to Gonadotropin Releasing Hormone Analogs, refer to the Drug Policy titled Gonadotropin Releasing Hormone Analogs
  - o www.uhcprovider.com
- Laboratory testing to monitor hormone therapy

# University of Utah plan also includes coverage for surgical treatment of gender dysphoria (gender affirming surgery). This benefit includes:

- Genital Surgery
- Breast Surgery
- A complete list of surgical treatment may be located at
  - o www.uhcprovider.com
  - Search: Gender Dysphoria Treatment (Commercial Medical Policy)

### Eligibility qualifications must be met for surgical treatment, including but not limited to:

- Meeting diagnostic criteria for Gender Dysphoria
- Two written psychological assessments for genital surgery
- One written psychological assessment for the breast surgery
- Age 18 or older for irreversible surgical interventions
- 12 months of successful continuous full-time, real life experience in the desired gender
- 12 months of successful continuous cross-sex hormone therapy appropriate for the desired gender
- Treatment plan conforming to the World Professional Association for Transgender Health Association (WPATH) standards



### Certain treatments are not covered, including but not limited to:

- Reversal of gender affirming surgery
- Fertility preservation
- Cosmetic procedures and treatment, even if related to gender affirming surgery
  - o Cosmetic criteria will be applied without discrimination, as with any other condition
  - Procedures that may be done for cosmetic reasons include, but are not limited to;
     liposuction, face lift and breast implants
- For a complete list of non-covered procedures, refer to the Gender Dysphoria Guideline
  - o www.uhcprovider.com
  - Search: Gender Dysphoria Treatment (Commercial Medical Policy)

## For further information in regard to gender affirming benefits contact:

UnitedHealthcare StudentResources
 Transgender Benefits Information
 Email: <u>SSurgerySRS@uhcsr.com</u>

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- ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.
- ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.
- 請注意:如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請致電:1-866-260-2723.

