

## **Disney's Gender Affirmation Coverage Q&A**

### **Gender Affirmation Coverage under Cigna Medical Plan Options**

#### **Do the Cigna Medical Plan options cover Gender Affirmation procedures and services (transgender, gender transition)?**

Yes. Coverage for Gender Affirmation/Transition procedures and services based on medical necessity (as defined by your doctor and medical team) is covered under the Cigna medical plan options.

#### **What procedures and services are covered under Disney's Gender Affirmation Coverage?**

The Gender Affirmation Coverage applies to two populations. For adults (age 18 and over), covered procedures and services include breast augmentation/reduction, chest contouring, hair removal/transplantation, facial feminization surgery, genital implant or prosthesis, rhinoplasty, trachea shave/reduction, and vocal surgery/speech therapy. For adolescents (younger than age 18), coverage may include puberty-suppressing hormones, for those who have reached a certain stage of sexual development, under direction of an experienced pediatric endocrinologist.

#### **How does a Medical Plan participant qualify for this coverage?**

While services may vary based on individual circumstances and medical necessity, coverage is generally extended to participants in a Cigna Medical Plan option who have been diagnosed with gender dysphoria by a licensed mental health professional.

#### **Does the Gender Affirmation Coverage include any dollar limits or maximums?**

No. All Disney Cigna medical plans are in compliance with Section 1557 of the Affordable Care Act (ACA) which prohibits discrimination in the benefit design – specifically with respect to transgender individuals and the treatment of gender dysphoria. Applicable Medical Plan deductibles, copays or coinsurance apply to procedures and services related to this Gender Affirmation Coverage.

#### **Where can employees get more details about the Gender Affirmation Coverage?**

Information about Gender Affirmation Coverage may be found on D Life My Benefits and my.cigna.com websites. Employees also can contact Cigna Customer Service at 1-800-577-7498 and request to be transferred to a Case Manager who deals specifically with gender transition/affirmation. The Case Manager will provide more details on the procedures and services that are offered under the Gender Affirmation Coverage and more individualized information according to their medical needs.

## **Gender Affirmation Coverage under Kaiser**

The Kaiser Plan in CA follows California's state mandates. Therefore, Gender Affirmation coverage is based on what is required under California law. The coverage is different from what is covered under the Cigna plans.

### **Does the Kaiser HMO Plan cover Gender Affirmation procedures (transgender, gender transition)?**

Yes. Kaiser offers Gender Affirmation coverage as mandated by the State of California.

### **What procedures are covered under the Kaiser HMO Gender Affirmation Program?**

The Gender Affirmation benefit includes sexual reassignment surgery and mastectomy with chest reconstruction services, in addition to behavioral health and hormone therapy services.

### **Does the Kaiser HMO Gender Affirmation Program include any dollar limits or maximums?**

The benefit has no lifetime dollar cap on services. Cost sharing for these services is the same as cost sharing for other medical services (e.g., inpatient hospital cost share, office visit cost share, etc.).

### **Where can employees get more details about the Kaiser HMO Gender Affirmation Program?**

Employees may contact the Kaiser Member Service Contact Center at 1-800-464-4000 to get more information regarding their gender affirmation benefits. Kaiser's website, [kp.org](http://kp.org), is also available to provide gender affirmation information. If a member has a secure registered [kp.org](http://kp.org) account, they may log in and view their benefits online

Note: Kaiser refers to these benefits as "transgender benefits", therefore if an employee calls member services or goes online for information, they should use transgender benefits vs. gender affirmation.

## **Gender Affirmation Coverage under HMSA Plans – Hawaii**

Effective January 2017, Gender Dysphoria Services to treat gender dysphoria will be covered in accord with HMSA's medical policy and Hawaii and Federal law. Benefits vary depending on the type of service or supply received. Services will be covered at the same benefit level as other similar covered services.

**Gender Dysphoria Services** – covered, but only when deemed medically necessary to treat gender dysphoria. The copayment may vary depending on type of service or supply you receive.

- Gender reassignment surgery
- Hospital room and board
- Hormone injection therapy
- Laboratory monitoring
- Other gender reassignment surgery related services and supplies which are medically necessary and not excluded. These include but are not limited to sexual identification counseling, pre-surgery consultations and post-surgery follow up visits. *Please note:* Certain services must be pre-certified.

**Sexual Orientation** – not covered for sexual orientation counseling

**Erectile Dysfunction** – not covered for services and supplies (including prosthetic devices) related to erectile dysfunction except if due to an organic cause or to treat gender dysphoria.

**Reversal of Gender Reassignment Surgery** – You are not covered for reversal of gender reassignment surgery, except in the case of a serious medical barrier to completing gender reassignment or the development of a serious medical condition requiring a reversal.

**Sexual Dysfunction** – You are not covered for services or supplies related to sexual dysfunction, except for erectile dysfunction.