UNIVERSITY OF MICHIGAN HEALTH PLAN COVERAGE FOR GENDER-AFFIRMING SERVICES

U-M Health Plans cover many medically necessary gender-affirming services for transgender members.

Gender Reassignment, Mastectomy, Hormone Therapy and Counseling Services

U-M Health Plans cover medically necessary genital surgery for gender reassignment, mastectomy in female-to-male transition, hormone therapy and counseling services. Applicable co-pays, deductibles and coinsurance are based on the member's plan selection. There are no plan maximums for these services.

Facial Feminization, Chondrolaryngoplasty and Facial Hair Removal

U-M Health Plans cover certain facial feminization procedures, chondrolaryngoplasty (Adam's apple reduction) and facial hair removal (face and neck) when medically necessary to treat gender dysphoria, up to a $30,000 lifetime plan maximum. For services to be covered, the member must meet medical necessity criteria.

<table>
<thead>
<tr>
<th>Included procedures*</th>
<th>Excluded procedures</th>
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</thead>
<tbody>
<tr>
<td>Forehead contouring/reconstruction</td>
<td>Rhytidectomy</td>
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<tr>
<td>Mandible contouring/reconstruction</td>
<td>Otoplasty</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>Lip enhancement (filler, vermilion augmentation)</td>
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<tr>
<td>Genioplasty</td>
<td>Hair transplantation/hairline repositioning</td>
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<tr>
<td>Blepharoplasty</td>
<td>Dermabrasion</td>
</tr>
<tr>
<td>Lip lift via alar base excision</td>
<td>Chemical peel</td>
</tr>
<tr>
<td>Chondrolaryngoplasty</td>
<td>Collagen injections</td>
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</tbody>
</table>

*When medical necessity is established.

Facial feminization surgeries, chondrolaryngoplasty and facial hair removal 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 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

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Changing Name or Gender in the U-M Human Resources System

Transgender employees who need to change their gender or legal name in the U-M Human Resources system should use this link (ssc.umich.edu/human-resources/personnel-changes-par/) and select “Address or Personal Data Changes” to access the eForm and directions for submission to the Shared Services Center.

Fertility Preservation

Transgender members have access to coverage for fertility preservation if medical or surgical interventions related to their transition could result in infertility. Fertility preservation services are covered only when received at the Michigan Medicine Center for Reproductive Medicine.

Access to Providers

U-M Health Plans require prior authorization and the use of in-network providers for coverage of gender-affirming services. Michigan Medicine is the only provider in the U-M Health Plan networks in Michigan that performs most of these covered services. Treatment at Michigan Medicine is coordinated through the Comprehensive Gender Services Program.

Standards of Care

The university’s coverage of gender-affirming services follows standards defined by the World Professional Association for Transgender Health (WPATH) whenever possible. As WPATH issues new standards over time, the university may re-evaluate coverage and medical necessity criteria, as needed.