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## Ohio State 2016-17 Student Health Insurance and Transgender Students

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### I. Overview

The 2016-17 Ohio State Comprehensive Student Health Benefits Plan (“Comprehensive Plan”) covers many services for transgender health care and transition-related care, and does so at the same level as any other diagnosis. Routine, chronic, or urgent non-transition services (e.g., a pelvic/gynecological exam for men with a transgender history) are covered as any other diagnosis as well.

PLAN BASICS: Covers a variety of medical, mental health, prescription drug, dental and vision services.

- **Full details about covered services and exclusions and limitations are in the UHCSR Summary Brochure available at [shi.osu.edu](http://shi.osu.edu) > *About the Comprehensive Health Benefits Plan* > [2016-17 Details](#).** This online Summary Brochure will always reflect the most up-to-date information.
- **UnitedHealthcare StudentResources** is Ohio State’s policy partner for all but dental benefits. **HealthSmart Benefit Solutions** provides customer service for your benefits, and processes claims to make sure your coverage is correctly applied to the costs of services you utilize.
- **Your prescription drug coverage is per the HealthSmartRX formulary, which is a specific list of medications covered by the plan and at what percentage and what minimum cost to you.**
- There are no policy year maximum benefits for medical, mental health, or prescriptions. There are maximum benefits for dental and non-pediatric vision.
- **What percentage your plan pays for covered services, and what amount you owe (co-pays, co-insurance, deductible, etc.), will vary by the provider you see.** Visit [shi.osu.edu](http://shi.osu.edu) > [Find a Provider](#) to search our provider groups, and see below for an overview. Be sure to take time to review the network status of your health care providers.

PROVIDER CHOICE: Your plan organizes providers of medical and mental health services into four groups: enhanced, preferred, in-network, and not-in-network. The grouping determines your costs and coverage.

- **Enhanced (Tier 1) provider options are lowest cost to you and have no deductible:** Student Health Services, Counseling and Consultation, College of Optometry Clinics and College of Dentistry Student Clinics.
- **Preferred (Tier 2) provider options are next lowest cost, and have a \$100 deductible:** providers in Franklin County and in the [OSU Health Plan Network](#), or providers outside of Franklin County and in the [United Healthcare Options PPO Network](#) or United Behavioral Health Network.
- **In Network (Tier 3) provider options are next and have a \$500 deductible:** providers in Franklin County in the [United Healthcare Options PPO Network](#) but not in the OSU Health Plan Network.

MORE ABOUT PRESCRIPTIONS: Generic and Formulary Preferred drugs will be lowest cost to you. Formulary Non Preferred and Non-Formulary will be higher.

- You can fill non-specialty prescriptions at the Wilce Student Health Center Pharmacy or any HealthSmart RX network pharmacy (most major chains) and pay only your percentage of cost plus minimum payment. Elsewhere, you’ll pay full price and then seek reimbursement.
  - Coverage rate is 90% for generic, 80% for Formulary Preferred, and 50% for Non-Formulary Brand or Dispense-as-Written. Minimum payments (e.g., \$10) also apply.
- Some medications require prior authorizations, meaning the prescribing doctor must communicate with HealthSmartRX.
- Specialty drugs must be filled through a specific pharmacy called Briova Specialty Pharmacy and all require prior authorizations. Your doctor can either send your prescription directly to Briova

or another pharmacy can forward it to them (you cannot fill a specialty medication at any other pharmacy location). Contact HealthSmart RX at 1-800-681-6912 to learn what medications are specialty. Coverage rates are the same for specialty drugs, but your minimum payment amounts will be higher.

## II. Transgender Coverage

**Sexual Reassignment Surgery services are covered, as identified on pages 13 and 23 of the Summary Brochure available at [shi.osu.edu](http://shi.osu.edu) > *About the Comprehensive Health Benefits Plan* > [2016-17 Details](#).**

- Note about language: “Based on setting where service is performed” means coverage is per standard coverage percentages. For example, if you receive a laboratory procedure at a Preferred Provider location as part of a covered sexual reassignment, the plan would pay 90% per the Summary Brochure’s *Laboratory Procedures* specification on page 10.

**Benefits are limited to one sex transformation reassignment per lifetime, with the plan acknowledging that one reassignment may include several staged procedures.**

**United HealthCare Student Resources provides a *Coverage Determination Guideline* document that details criteria for the covered benefits.**

- The guidelines are organized into coverage for non-surgical treatment and surgical treatment—**your plan includes both.**
- Because the *Coverage Determination Guidelines* can be updated throughout the year, the online document itself will always be your most accurate information source. You can access it at [https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Gender\\_Identity\\_Disorder\\_CD.pdf](https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Gender_Identity_Disorder_CD.pdf)

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EXCERPTS FROM THE FINE PRINT: *The following is excerpted from the UHC Coverage Determination Guidelines. It is informational only and should not be considered a determination of coverage.*

**NOTICE:** The source for the most up-to-date and accurate information concerning your coverage will be the *online Coverage Determination Guidelines* (link above) and the online UHC Summary Brochure (*Navigate to [shi.osu.edu](http://shi.osu.edu) > *About the Comprehensive Health Benefits Plan* > [2016-17 Details](#)*).  
Always access these pages for the most accurate benefit information.

### Non-Surgical Treatment Covered Services

- Psychotherapy for gender dysphoria and associated co-morbid psychiatric diagnoses.
- Continuous Hormone Replacement Therapy – Hormones of the desired gender. Hormones injected by a medical provider (for example hormones injected during an office visit) are covered by the medical plan. *Oral and self-injected hormones from a pharmacy are not covered under the medical plan; for these, the HealthSmartRX Formulary and prescription drug coverage details apply.*
- Eligibility Qualifications for Continuous Hormone Replacement Therapy, for which the covered person must meet all of the following eligibility qualifications for hormone replacement:
  - Persistent, well-documented gender dysphoria (see definition of Gender Identity Disorder below); and
  - Capacity to make a fully informed decision and to consent for treatment; and

- Age of majority in a given country. Note: World Professional Association for Transgender Health (WPATH) guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary; and
- If significant medical or mental health concerns are present, they must be reasonably well-controlled.
- Laboratory testing to monitor the safety of continuous hormone therapy.

### Surgical Treatment Covered Services

The Covered Person must meet all of the following eligibility qualifications prior to surgery:

- Persistent, well-documented gender dysphoria (see definition of Gender Identity Disorder below); and
- Capacity to make a fully informed decision and to consent for treatment; and
- Age of majority in a given country. Note: World Professional Association for Transgender Health (WPATH) guidelines address age of majority in a given country. For the purposes of this guideline, the age of majority is age 18. However, this refers to chronological age not biological age. Where approval or denial of benefits is based solely on the age of the individual a case-by-case medical director review is necessary; and
- If significant medical or mental health concerns are present, these must be reasonably well-controlled; and
- The covered person must complete 12 months of successful continuous full time real life experience in the desired gender, and
- The covered person may be required to complete continuous hormone therapy (for those without contraindications). In consultation with the patient's physician, this should be determined on a case-by-case basis through the Notification process; and
- The treatment plan must conform to identifiable external sources including the World Professional Association for Transgender Health Association (WPATH) standards, and/or evidence-based professional society guidance.

If the eligibility qualifications for surgery are met, the following are covered:

- Genital Surgery (by various techniques which must be appropriate to each patient), including: complete hysterectomy; orchiectomy; penectomy; vaginoplasty; vaginectomy; clitoroplasty; labiaplasty; salpingo-oophorectomy; metoidioplasty; scrotoplasty; urethroplasty; placement of testicular prosthesis; phalloplasty
- Surgery to change specified secondary sex characteristics, specifically:
  - Thyroid chondroplasty (removal or reduction of the Adam's Apple); and
  - Bilateral mastectomy; and
  - Augmentation mammoplasty (including breast prosthesis if necessary) if the Physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months is not sufficient for comfort in the social role.
- Related Services: In addition to the surgeon fees, the benefit applies to the services related to the surgery, including but not limited to: anesthesia, laboratory testing, pathology, radiologic procedures, hospital and facility fees, and/or surgical center fees.

### *Clarifications for Breast/Chest Surgery*

- For a biologic female patient that is only requesting a bilateral mastectomy:
  - Patient does not need to complete hormone therapy in order to qualify for the mastectomy. Although not a requirement for coverage, UnitedHealthcare recommends that the patient complete at least 3 months of psychotherapy before having the mastectomy.
- For a biologic male patient that is only requesting a breast augmentation:
  - If able to take female hormones, the patient should take the female hormones for at least 12–24 months before being considered for bilateral breast augmentation since the patient may achieve adequate breast development without surgery.
  - Although not a requirement for coverage, UnitedHealthcare recommends that the patient complete at least 3 months of psychotherapy before having the breast augmentation.

### **III. Exclusions**

#### EXCLUSIONS RELATED TO TRANSGENDER SERVICES INCLUDE BUT ARE NOT LIMITED TO:

- Voice therapy or voice modification surgery
- Facial feminization surgery, including but not limited to: facial bone reduction, face “lift”, facial hair removal, and certain facial plastic reconstruction
- Suction-assisted lipoplasty of the waist.
- Rhinoplasty
- Blepharoplasty
- Abdominoplasty
- Breast reduction
- Reproduction services including, but not limited to: sperm preservation in advance of hormone treatment or gender dysphoria surgery, cryopreservation of fertilized embryos, oocyte preservation, surrogate parenting, donor eggs, donor sperm and host uterus.
- Drugs for hair loss or growth, drugs for sexual performance for patients that have undergone genital reconstruction, and drugs for cosmetic purposes.
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.
- Pubertal suppression therapy
- Transportation, meals, lodging or similar expenses
- Treatment received outside of the United States

#### **For further assistance:**

- HealthSmart: 1-844-206-0374
- Ohio State Student Health Insurance: 614-688-7979. This is the main line. *If you’d like to speak to an SHI staff person who specializes in information to support students seeking transgender services or information, please just ask and they will direct your call appropriately.*
- Visit [shi.osu.edu](http://shi.osu.edu)
- Email [shi\\_info@osu.edu](mailto:shi_info@osu.edu)