Memorial Sloan Kettering Cancer Center (MSK) covers transgender surgery and related services in all five medical plans available to employees and their dependents:

1. Aetna EPO
2. Empire CDHP
3. Empire Direct POS
4. Empire Indemnity
5. Oxford Freedom Network POS

In 2016, there was a $75,000 lifetime maximum for transgender surgery and related services (combined in-network and out-of-network). In 2017, this lifetime maximum limit was removed.

Attached are excerpts from MSK’s Summary Plan Descriptions (SPDs), detailing the coverage. These SPDs are available on a dedicated benefits website, which is mobile friendly and requires no password for easy remote access.

These benefits are further referenced in MSK’s “Gender Transition in the Workplace” resources.

A representative from MSK’s Benefits Department is an advisor to and sits on the leadership council of the MSK LGBTQ+ Pride Employee Resource Network (ERN).
Gender Reassignment (Sex Change) Surgery

Covered expenses include charges in connection with a medically necessary Gender Reassignment (sometimes called Sex Change) Surgery as long you or a covered dependent have obtained precertification from Aetna.

Covered expenses include:

- Charges made by a physician for:
  - Performing the surgical procedure; and
  - Pre-operative and post-operative hospital and office visits.

- Charges made by a hospital for inpatient and outpatient services (including outpatient surgery). Room and board charges in excess of the hospital’s semi-private rate will not be covered unless a private room is ordered by your physician and precertification has been obtained.

- Charges made by a Skilled Nursing Facility for inpatient services and supplies. Daily room and board charges over the semi private rate will not be covered.

- Charges made for the administration of anesthetics.

- Charges for outpatient diagnostic laboratory and x-rays.

- Charges for blood transfusion and the cost of unreplaced blood and blood products. Also included are the charges for collecting, processing and storage of self-donated blood after the surgery has been scheduled.

**Important Reminders**

No payment will be made for any covered expenses under this benefit unless they have been precertified by Aetna.

**Limitations:**
Rhinoplasty, face-lifting, lip enhancement, facial bone reduction, blepharoplasty, breast augmentation, liposuction of the waist (body contouring), reduction thyroid chondroplasty, hair removal, voice modification surgery (laryngoplasty or shortening of the vocal cords), and skin resurfacing, which have been used in feminization, are considered cosmetic. Similarly, chin implants, nose implants, and lip reduction, which have been used to assist masculinization, are considered cosmetic.
Gender Reassignment Services

What's Covered

The Plan pays Benefits for transgender reassignment as follows:

- Psychotherapy for gender identity disorders and associated co-morbid psychiatric diagnoses.
- Continuous hormone replacement - hormones of the desired gender injected by a medical provider. *Note. Coverage may be available for oral and self-injected hormones under the prescription drug products portion of the Plan.*
- Genital Surgery.
  - The treatment plan must generally conform to the Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Seventh Version, published by the World Professional Association for Transgender Health (WPATH).
- Surgery to change specified secondary sex characteristics, specifically:
  - Thyroid chondroplasty (removal or reduction of the Adam's Apple).
  - Bilateral mastectomy.
  - Augmentation mammoplasty 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;
- Laboratory testing to monitor the safety of continuous hormone therapy.

Specifically, covered expenses include:

- Charges made by a physician for:
  - Performing the surgical procedure; and
  - Pre-operative and post-operative hospital and office visits.
- Charges made by a hospital for inpatient and outpatient services (including outpatient surgery). Room and board charges in excess of the hospital’s semi-private rate will not be covered unless a private room is ordered by your physician and precertification has been obtained.
- Charges made by a Skilled Nursing Facility for inpatient services and supplies. Daily room and board charges over the semi-private rate will not be covered.
- Charges made for the administration of anesthetics.
- Charges for outpatient diagnostic laboratory and x-rays.

*For more details around eligibility and covered services, please refer to Empire’s medical policy regarding gender reassignment surgery. For assistance in locating our medical policy guidelines, please contact Member Services.*
Treatment of Gender Dysphoria (Gender Identity Disorder)

The Plan pays Benefits for transgender reassignment are as follows:

- Psychotherapy for gender identity disorders and associated co-morbid psychiatric diagnoses.
- Continuous hormone replacement - hormones of the desired gender injected by a medical provider.

Note. Coverage may be available for oral and self-injected hormones under the prescription drug products portion of the Plan.

- Genital Surgery.
  The treatment plan must conform to the World Professional Association for Transgender Health (WPATH), Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version.

- Surgery to change specified secondary sex characteristics, specifically:
  - Thyroid chondroplasty (removal or reduction of the Adam's Apple).
  - Bilateral mastectomy.
  - Augmentation mammoplasty 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;

- Laboratory testing to monitor the safety of continuous hormone therapy.