

8.5.11 Reconstructive Surgery Following a Mastectomy

As used in this section (Women's Health and Cancer Rights Act), mastectomy means the surgical removal of all or part of a breast, including a breast tumor suspected to be malignant. The Plan covers reconstructive surgery following a covered mastectomy:

- a. All stages of reconstruction of the breast on which the mastectomy has been performed, including nipple reconstruction, skin grafts and stippling of the nipple and areola
- b. Surgery and reconstruction of the other breast to produce a symmetrical appearance
- c. Prostheses
- d. Treatment of physical complications of the mastectomy, including lymphedemas
- e. Inpatient care related to the mastectomy and post-mastectomy services

This coverage will be provided in consultation with the member's attending physician and will be subject to the Plan's terms and conditions, including the prior authorization and cost sharing provisions.

8.5.12 Cosmetic and Reconstructive Surgery

Cosmetic surgery is surgery that improves or changes appearance without restoring impaired body function. Reconstructive surgery is surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is usually performed to improve function, but may also be performed to approximate a normal appearance.

Cosmetic surgery is not covered. All reconstructive procedures, including surgical repair of congenital deformities, must be medically necessary and prior authorized or benefits will not be paid. Reconstructive procedures that are partially cosmetic in nature may be covered if the procedure is medically necessary.

Treatment for complications related to a surgery performed to correct a functional disorder is covered when medically necessary. Treatment for complications related to a surgery that does not correct a functional disorder is excluded, except for stabilization of emergency medical conditions.

Surgery for breast augmentation, achieving breast symmetry, and replacing breast implants (prosthetics) to accomplish an alteration in breast contour or size are not covered except as provided in section 8.5.11.

8.5.13 Gender Reassignment (Transgender Surgery)

Eligibility for gender reassignment is based on World Professional Association for Transgender Health (WPATH), Standards of Care, Version 7 guidelines:

- a. At least 12 months of hormone therapy unless hormones are not a pre-requisite per WPATH guidelines or not clinically indicated
- b. 12 months of living in one's affirmed gender unless contraindicated
- c. If neither a or b is met, 12 months of affirmation documented with a clinician

The Plan covers expenses for gender reassignment under the following conditions:

- a. The procedure(s) must be performed by a qualified professional provider.

- b. The professional provider must obtain prior authorization for the surgery procedures (see Section 5).
- c. The treatment plan must conform to World Professional Association for Transgender Health, Standards of Care, Version 7
- d. Covered services are subject to standard plan deductible and coinsurance (in-network and out-of-network coverage)
- e. Covered procedures include (if medical necessity criteria are met):
 - i. Pre-surgery office visits (prior authorization not required)
 - ii. Hormone therapy and pubertal suppression / GnRh agonists
 - iii. Single stage or multiple stage reconstruction of the genitalia
 - iv. Reconstruction of breast tissue to achieve the appearance of the affirmed gender
 - v. Hair removal for surgical reconstruction (i.e., genital hair removal)
 - vi. Voice and communication training
 - vii. Orchiectomy
 - viii. Oophorectomy, hysterectomy
- f. The following services are excluded from coverage by the Plan as part of treatment of Gender Dysphoria:
 - i. treatment of acne as a complication of hormone therapy
 - ii. treatment of infertility as a complication of the treatment of gender dysphoria
 - iii. reversal of treatment of gender dysphoria including surgery
 - iv. facial hair removal/hair transplantation
 - v. liposuction
 - vi. thyroid cartilage reduction
 - vii. abdominoplasty
 - viii. facial reconstruction not related to accident or injury
 - ix. makeup evaluation
 - x. legal expenses related to name change
 - xi. procedures and treatments that are not hormone therapy, psychotherapy or surgery for the reconstruction of genitalia
 - xii. transportation for travel

8.5.14 Cochlear Implants

Cochlear implants are covered when medically necessary and prior authorized.

8.5.15 Inborn Errors of Metabolism

Inborn errors of metabolism are related to a missing or abnormal gene at birth that affects the metabolism of proteins, carbohydrates and fats. The Plan covers treatment for inborn errors of metabolism for which standard methods of diagnosis, treatment and monitoring exist, including quantification of metabolites in blood, urine or spinal fluid, or enzyme or DNA confirmation in tissues. Coverage includes diagnosing, monitoring and controlling the disorders by nutritional and medical assessment, including but not limited to clinical visits, biochemical analysis and medical foods used in the treatment of such disorders.

8.5.16 Dental Injury

Dental services are not covered, except for treatment of accidental injury to natural teeth. Natural teeth are teeth that grew/developed in the mouth. All of the following are required to qualify for coverage:

- a. The accidental injury must have been caused by a foreign object or was caused by acute trauma (e.g., a broken tooth resulting from biting and/or chewing is not an accidental injury)