Microsoft Gender Affirming Benefit Information

PREMERA BLUE CROSS ADMINISTERS THE GENDER AFFIRMING BENEFIT FOR ELIGIBLE MICROSOFT MEMBERS.

This benefit provides medically necessary coverage for gender dysphoria based on the *Standards of Care* published by the World Professional Association for Transgender Health (WPATH).

To help you understand this benefit and how to use it to manage your care, we're providing you with a description of the benefit's eligibility and coverage. We also include information on how to access providers and services and receive reimbursement for your treatment costs.

Make sure to bring this information to appointments with your providers so they are aware of your coverage.

Tips for gender affirming benefit access

- **Understanding your benefits and coverage.** In addition to the benefit information presented here, review your **Summary Plan Description** to better understand your benefit coverage and eligibility requirements.
- **For assistance on finding a provider in your plan's network,** call Premera customer service at **800-676-1411 (TTY: 711).** and they will assist you in finding a provider in your plan's network. We encourage you to use a provider in your plan's network to help protect yourself against high, unexpected out-of-pocket costs while still receiving the highest level of coverage.
- **Using an out-of-network provider.** When using an out-of-network provider, be sure to advocate for yourself. Ask the provider for pricing and any estimated out-of-pocket costs up front. Do not sign private payment forms or Premera will not be able to assist you with pricing. Call Premera customer service if the provider will not provide you with pricing for services. We may be able to help you reduce your out-of-pocket costs when using an out-of-network provider.
- **Acquiring prior authorization for treatment.** Prior authorization is strongly recommended for some planned services and procedures before you get them. Most health care providers are familiar with this review process, so your provider should contact Premera on your behalf.

  When consulting a surgeon for surgical services, provide your surgeon with copies of this tip sheet that provides a summary of the WPATH criteria below. If you plan to receive services outside of the United States, we strongly recommend that your provider request prior authorization from Premera.

  It's also a good idea to become familiar with WPATH medically necessary services before getting any planned services and procedures.
- **Getting reimbursed and claims processing.** You or your provider will need to complete and submit claim forms to Premera. If you are using coordination of benefits (that's where you use another health plan as your primary coverage and your Microsoft plan as secondary coverage), you will need to provide either an explanation of benefits (EOB) statement or a denial from your primary health insurance company if they don't cover gender affirming services. This will allow Premera to process your claims as your secondary health plan.

  To submit your own claims for the services received outside the United States, be sure to include your chart notes and operative reports. These should be submitted with your claim form and all the necessary requirements of the benefit.

Description of the gender affirming benefit

This benefit covers medically necessary gender affirming surgical services, including facility and anesthesia charges related to the surgery. Coverage on prescription drugs and mental health treatment associated with gender affirming surgery is available under the Prescription Drugs and Mental Health benefits.

Gender affirming surgical services

To view your **Summary Plan Description** for benefit coverage for the plan you are enrolled in, visit **aka.ms/benefits.**

When services are covered

Surgical gender affirming services will be considered medically necessary and covered if you are diagnosed as having gender dysphoria or gender incongruence, and the following criteria are met:

Surgery criteria for adults[1]:

- Gender incongruence is marked and sustained
- Meets diagnostic criteria for gender incongruence prior to gender affirming surgical intervention in regions where a diagnosis is necessary to access health care
- Demonstrates capacity to consent for the specific gender affirming surgical intervention
- Understands the effect of gender affirming surgical intervention on reproduction and they have explored reproductive options
- Other possible causes of apparent gender incongruence have been identified and excluded
- Mental health and physical conditions that could negatively impact the outcome of gender affirming surgical intervention have been assessed leading to a discussion about the risks and benefits of the surgical intervention

Surgery criteria for Adolescents[1]:

- A comprehensive biopsychosocial assessment including relevant mental health and medical professionals
- Involvement of parent(s)/guardian(s) in the assessment process, unless their involvement is determined to be harmful to the adolescent or not feasible
- Gender incongruence is marked and sustained
- Meets diagnostic criteria for gender incongruence in situations where a diagnosis is necessary to access health care
- Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for treatment
- Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender affirming medical treatments have been addressed; sufficiently so that gender affirming medical treatment can be provided optimally
- Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility
- At least 12 months of gender affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender affirming treatment unless hormone therapy is either not desired or is not medically advised

[1]Criteria is listed on page S256 of the Standards of Care WPATH version 8 document.

Prior authorization

Prior authorization, also referred to as a pre-service review, is strongly recommended for coverage to be made available for gender affirming surgical services. Either the member or the provider may contact Premera for prior authorization.

Prior authorization confirms that the treatment plan submitted by the treating provider is medically necessary for the condition based on national, evidence-based guidelines. Premera and Microsoft reserve the right to have appropriate medical professionals review current treatment at any time to determine if medical necessity criteria continue to be met.

For gender affirming services, the prior authorization should include:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed
- Information supporting the criteria listed above has been met, based on the surgery being requested

Your physician can fax this information to **800-843-1114,** or mail it to:

Premera Blue Cross
Attn: Integrated Health Management
PO Box 91059
Seattle, WA 98111-9159

A prior authorization is an advance determination by Premera that the service is medically necessary and that the member's plan has benefits available for the service being requested. This determination gives claimants an opportunity to submit medical records in advance. This can help establish medical necessity and determine the member's potential financial responsibility, before the service is provided. Services are subject to eligibility and benefits at the time of service.

Eligible services

Examples of covered gender affirming surgical services include, but are not limited to the following:

Chest/Breast

Breast augmentation
Mastectomy
Nipple reconstruction
Rib excision

Genital

Clitoroplasty
Hysterectomy
Labiaplasty
Metodioplasty/
Metaoidioplasty
Penectomy
Phalloplasty
Scrotoplasty
Vaginectomy
Vaginoplasty
Vulvectomy

Other

Blepharoplasty
Chin augmentation
Face lift
Facial bone reduction
Hair removal
Laryngoplasty
Lip reduction
Liposuction
Rhinoplasty
Tracheal shave

Additional surgical services would be considered through prior authorization review using the most current *Standards of Care* by WPATH.

Eligible providers

To receive the highest benefit, it is recommended that you use a provider in your plan's network. Search your plan's providers by visiting **aka.ms/benefits**, or by calling Premera customer service at **800-676-1411 (TTY: 711).**

Note: This is only intended to serve as a guide and is not a guarantee for payment or coverage; refer to the **Summary Plan Description** for benefit and coverage information.

Commonly asked questions

Which providers are in my plan's network? How do I find out if a provider is in my plan's network?

Call Premera customer service at **800-676-1411 (TTY: 711)** to request a list of approved Premera in-network providers. If you already found a provider, visit **aka.ms/benefits** to confirm the provider is contracted.

Many providers are out of network. In those cases, the medical plan would pay at the out-of-network benefit level. Out-of-network providers may require up-front payment for their services. Premera may be able to work with the provider on a Letter of Agreement, stating the intent to pay for the services up to the benefit limit covered under the prior authorization.

Premera recommends knowing the requirements of the benefit when seeking surgical services. Take copies of the benefit language and this tip sheet when you see the surgeon so that he or she can submit them with the clinical information.

Is gender affirming medical treatment for children covered?

Yes. The plan will cover non-surgical medical treatment (such as hormone therapy and mental health treatment) for minors with gender dysphoria or gender incongruence. Surgical interventions are considered when appropriate as outlined per WPATH.

Are the mental health visits covered by the plan?

Yes. The plan covers any of the associated mental health visits the same as any other service under the benefits of the medical plan. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

What procedures are specifically excluded under this benefit?

Procedures requested that are not specifically listed in the current version of WPATH will be reviewed for medical necessity based on clinical information sent by your provider for prior authorization.

Are estrogen patches covered for hormone replacement therapy?

Yes. This benefit will be covered under the Prescription Drugs benefit.

Will hair removal be covered for male to female transition?

Yes. See your **Summary Plan Description** at **aka.ms/benefits** for plan-specific coverage information. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

Will testosterone replacement be covered?

Yes. See your **Summary Plan Description** at **aka.ms/benefits** for plan-specific coverage information. When seeing an out-of-network provider, you are also responsible for the difference between the amount the plan pays and the billed charges.

Resources

Submit claims form to:

Premera Blue Cross
PO Box 91059
Seattle, WA 98111-9159
Fax: 425-918-5231
claims.microsoft@premera.com

Submit prior authorization physician forms to:

Premera Blue Cross
Attn: Integrated Health Management
PO Box 91059
Seattle, WA 98111-9159
Fax: 800-843-1114

Premera customer service:

microsoft@premera.com
800-676-1411 (TTY: 711)
Fax: 800-676-1477

Microsoft resources:

Microsoft GLEAM Sharepoint
http://www.microsoft.com/en-us/diversity/default.aspx

World Professional Association for Transgender Health (WPATH):

https://www.wpath.org/

This guide provides highlights of Microsoft's benefit plans. For full information on your benefits, including any limitations that may apply to you, please see the official Summary Plan Description. Microsoft reserves the right to change or terminate the benefits described in this guide at any time.

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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.