



Trans Health Project

Working for Transgender Equal Rights

Nevada State Employee Health Plans

Plan Website: [Nevada PEBP Consumer Driven Health Plan \(PPO\)](#)

Administrator: Public Employee Benefits Program

This plan is self-funded.

This plan has a partial exclusion.

Exclusion:

Gender Dysphoria and/or Gender Reassignment Services: Certain procedures associated with gender dysphoria treatment and/or gender reassignment surgery are considered non-medically necessary, such as:

- No more than one gender reassignment surgery in the individual's lifetime while covered under the PEBP CDHP Plan or any previous self-funded PPO Plan.
- Certain procedures are considered cosmetic, such as (this is not an all-inclusive list):
 - Blepharoplasty
 - Hair transplants, wigs, and hair growth products
 - Breast augmentation/ augmentation mammoplasty, except when the gender reassignment patient has received 12 continuous months of hormonal (estrogen) therapy and the breast tissue growth failed to result a Tanner Stage 5 on the puberty scale, as determined by the provider, or the recipient has a medical contraindication to hormone therapy. The Plan Administrator will determine authorization and consent to care based on medical necessity.
 - Rhinoplasty
 - Electrolysis (hair removal)
 - Laser hair removal
 - Facial reconstruction including facial feminization surgery to include but not be limited to facial bone reduction, face lift and certain facial plastic reconstruction. (The UM company to determine if a procedure is cosmetic and the Plan Administrator has discretionary authority to determine coverage.
- Other Exclusions include (this is not an all-inclusive list):
 - Sperm preservation in advance of hormone treatment or gender surgery
 - Cryopreservation of fertilized embryos
 - Voice modification surgery
 - Voice therapy
 - Drugs for sexual performance or cosmetic purposes (except for hormone therapy as described in this document)
 - Transportation, meals, lodging or other similar expenses associated with gender dysphoria services
 - One (1) gender dysphoria reassignment surgery per lifetime while covered under any current or previous PEBP self-funded health plan.

The UM company has full authority to determine if a procedure or service is not medically necessary. (p. 92-93 [CDHP Plan](#)).

This plan is self-funded.

This plan has a partial exclusion.

Exclusion:

"This Plan excludes expenses related to cosmetic procedures performed as a component of a gender reassignment, including, but not limited to the following services:

- Abdominoplasty
- Blepharoplasty
- Breast augmentation*
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Face-lifting
- Facial bone reduction
- Forehead lift
- Hair removal
- Hair transplantation
- Lip enhancement or reduction
- Mastopexy
- Neck tightening
- Pectoral implants
- Reduction thyroid chondroplasty
- Removal of redundant skin
- Rhinoplasty
- Skin resurfacing
- Voice modification surgery (laryngoplasty or shortening of the vocal cords)
- Voice therapy/voice lessons

*Breast augmentation/augmentation mammoplasty excluded, except when the gender reassignment patient has received 12 continuous months of hormonal (estrogen) therapy and the breast tissue growth failed to result a Tanner Stage 5 on the puberty scale, as determined by the provider, or the recipient has a medical contraindication to hormone therapy. The Plan Administrator will determine authorization and consent to care based on medical necessity." (p. 88 [Premier Plan](#))

Plan Website: [Nevada Health Plan of Nevada \(HMO\)](#)

Administrator: UnitedHealthcare

This plan is insured.

This plan has a partial exclusion.

Exclusion:

"Services received in connection with Gender Dysphoria, which includes the following:

- Abdominoplasty;
- Blepharoplasty;
- Body contouring, such as lipoplasty;
- Breast enlargement, including augmentation mammoplasty and breast implants;
- Brow lift;
- Calf implants;

- Cheek, chin, and nose implants;
- Cryopreservation of fertilized embryos;
- Drugs for hair loss or growth;
- Face lift, forehead lift, or neck tightening;
- Facial bone remodeling for facial feminizations;
- Hair removal;
- Hair transplantation;
- Injection of fillers or neurotoxins;
- Lip augmentation;
- Lip reduction;
- Liposuction;
- Mastopexy;
- Pectoral implants for chest masculinization;
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics;
- Rhinoplasty;
- Skin resurfacing;
- Sperm preservation in advance of hormone treatment or gender surgery;
- Surgical or hormone treatment on Members under eighteen (18) years of age;
- Surgical treatment not Prior Authorized by HPN;
- Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple);
- Transportation, meals, lodging or other similar expenses;
- Voice lessons and voice therapy; and
- Voice modification surgery." (p. 30 [Health Plan of Nevada](#))

Content last updated on Jul 2, 2020 - PDF generated from: <https://transhealthproject.org/resources/state-employee-health-plans/nevada/> on .

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