



Trans Health Project

Working for Transgender Equal Rights

Texas State Employee Health Plans

Plan Website: [Texas HealthSelect of Texas](#)

Administrator: Blue Cross Blue Shield of Texas

This plan is self-funded.

This plan has an exclusion.

Exclusion:

gender reassignment surgery and related services (p. 101 [In-Area Benefits Plan](#); p. 94 [Out-of-State Benefits Plan](#))

Plan Website: [Texas Consumer Directed HealthSelect](#)

Administrator: Blue Cross Blue Shield of Texas

This plan has an exclusion.

Exclusion:

gender reassignment surgery and related services (p. 80 [Consumer Directed HealthSelect](#))

Plan Website: [Texas Community First Health Plans](#)

Administrator: Community First Health Plans

This plan is insured.

This plan has an exclusion.

Exclusion:

Sex Changes. All services, medications and/or supplies furnished in conjunction with the sex change process. This includes hormonal medications required before and after surgery. (p. 43 [Certificate of Group Health Care Coverage](#))

Plan Website: [Texas Scott and White Health Plan HMO](#)

Administrator: Scott and White

Exclusion:

Infertility benefits do not include sterilization reversal, transsexual surgery, gender reassignment, intra-fallopian transfer and related services, artificial insemination, or in-vitro fertilization. Also excluded from coverage are any services or supplies used in any procedures performed in preparation for or immediately after any of the above referenced excluded procedures. (p. S5 [Evidence of Coverage](#))

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