

# Trans Health Project

Working for Transgender Equal Rights

# **Washington State Employee Health Plans**

Plan Website: Washington Uniform Medical Plan

Administrator: Regence BlueShield

This plan is self-funded.

This plan has no exclusion.

#### Coverage:

"The following services associated with a diagnosis of gender dysphoria are covered at the standard rate for outpatient services and at the inpatient rate for inpatient services.

- Non-surgical services, including but not limited to hormone therapy, office visits, mental health/counseling, and tests.
- · Covered surgical services.

This is not a complete list of medical and surgical treatments of gender dysphoria in transgender individuals. For more information on transgender services, please visit <a href="regence.com/ump/pebb/benefits/policies">regence.com/ump/pebb/benefits/policies</a> to find a link to the <a href="clinical criteria for transgender services">clinical criteria for transgender services</a>. Some services and prescription drugs associated with gender dysphoria may require preauthorization." (p. 69)

Plan Website: Washington Kaiser Foundation Health Plan of the Northwest

Administrator: Kaiser Foundation Health Plan of the Northwest

This plan is insured.

This plan has no exclusion.

## Coverage:

"We cover surgery Services subject to Utilization Review by Kaiser using criteria developed by Medical Group and approved by Kaiser. You may request these criteria by calling Member Services. You pay any applicable Deductible, Copayment, or Coinsurance that you would pay if the Services were not related to transgender surgery. Coverage includes Services directly related to the covered transgender surgery, such as pre-surgery consultations and post-surgery follow-up exams; outpatient surgery procedures; and inpatient hospital Services (including room and board). There are other related Services that are not covered under this section, but they may be covered under other sections in this COC. Examples of these Services are: psychological counseling is covered under the "Mental Health Services" section, outpatient prescription drugs under the "Prescription Drugs, Insulin and Diabetes Supplies" and outpatient laboratory and imaging Services are covered under the "Diagnostic Testing" section" (p. 59)

Plan Website: Washington Kaiser Foundation Health Plan of Washington

Administrator: Kaiser Foundation Health Plan of Washington

This plan is insured.

This plan has no exclusion.

## Coverage:

"Medical and surgical services for gender reassignment. Prescription drugs are covered the same as for any other condition (see Drugs – Outpatient Prescription for coverage). Counseling services are covered the same as for any other condition (see Mental Health for coverage). Non-Emergency inpatient hospital services require Preauthorization." (p. 37)

 $Content\ last\ updated\ on\ Mar\ 6,\ 2023\ -\ PDF\ generated\ from:\ \underline{https://transhealthproject.org/resources/state-employee-health-plans/washington-state-employee-health-plans/\ on\ .$ 

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