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**Harvard Pilgrim Health Care, Inc.  
Gender Reassignment Surgery Rider  
Massachusetts**

**Gender Reassignment Surgery**

The Plan covers gender reassignment surgery as described below. Services are covered when your provider has determined that you are an appropriate candidate for gender reassignment surgery in accordance with HPHC clinical guidelines. To receive a copy of the HPHC guidelines please call the Member Services Department at 1-888-333-4742. Coverage includes surgery, related physician and behavioral health visits, and outpatient prescription drugs, if you have outpatient prescription drug coverage under this Plan.

Benefits for gender reassignment surgery are in addition to the other benefits provided under the Plan. HPHC does not consider gender reassignment surgery to be reconstructive surgery to correct a Physical Functional Impairment or Cosmetic Services. Coverage for reconstructive surgery or Cosmetic Services is limited to the services described under the Reconstructive Surgery benefit in the Benefit Handbook.

Coverage for gender reassignment surgery is limited to the specific surgical procedures listed below. No other services are covered in connection with gender reassignment surgery except the following:

**Male-to-female:**

- Vaginoplasty
- Colovaginoplasty
- Orchiectomy
- Penectomy
- Clitoroplasty
- Labiaplasty
- Initial augmentation mammoplasty
- Facial feminization surgery limited to forehead contouring, mandible contouring, chondrolaryngoplasty (trachea shave), and rhinoplasty

**Female-to-male:**

- Bilateral mastectomy
- Hysterectomy
- Salpingo-oophrectomy
- Colpectomy
- Metoidoplasty
- Urethroplasty
- Phalloplasty
- Rhinoplasty
- Scrotoplasty with placement of testicular prostheses

Once initial gender reassignment surgery has been completed, the Plan does not cover any further cosmetic procedures. In addition, no coverage is provided for reversal of gender reassignment surgery whether or not originally covered by the Plan.

Certain services covered under the benefit are provided by only a limited number of Providers in the country and may not currently be in the Plan's network. However, the Plan will work with you and your physician to identify one or more providers who are appropriate to provide services under this Rider. Prior authorization by the Plan is required for all surgical procedures under this benefit. Members with questions about coverage under this benefit should contact the Member Services Department at 1-888-333-4742.

For coverage of behavioral health services related to gender reassignment surgery, please see the section titled, "Mental Health Care (Including the Treatment of Substance Use Disorders)" in your Benefit Handbook. If your Plan includes outpatient pharmacy coverage, please see the Prescription Drug Brochure for information on your outpatient prescription drug coverage.

RELATED EXCLUSIONS:

The following services are not covered for the purpose of gender reassignment:

- Face-lifting
- Lip reduction/enhancement
- Blepharoplasty
- Laryngoplasty, or other voice modification surgery
- Facial implants or injections
- Silicone injections of the breast
- Liposuction
- Electrolysis, hair removal, or hair transplantation
- Collagen injections
- Removal of redundant skin

This Rider amends your Benefit Handbook by deleting the exclusion for gender reassignment surgery so that such benefits are covered to the extent identified under this Rider and in the Evidence of Coverage.