

2021 Open Season Fact Sheet Gender Affirming Care and Services

Background regarding Gender Affirming Care and the Federal Employees Health Benefits (FEHB) Program:

- [As of January 1, 2016](#)¹, no participating FEHB plan may have a general exclusion of services, drugs or supplies related to the treatment of gender dysphoria.
- Additionally, [2021 guidance](#) (see p.30-32) highlighted the following:
 - FEHB plans must provide benefits for all covered services when medically necessary for the covered member.
 - FEHB plans must be sensitive to the fact that every individual with gender dysphoria has unique needs and the types of medically necessary services that the individual may require will be specific to that individual.
 - FEHB plan brochure language must specifically identify:
 - covered services,
 - requirements for receiving care (such as pre-authorizations, prior approvals, diagnosis(es), age requirements for treatment, presurgical requirements if pursuing gender reassignment [gender affirming] surgeries), and,
 - any lifetime limitations.
 - The brochure must also include a gender affirming care services category in the Index, which clearly articulates where to find information on covered services.

Tips for Navigating Your FEHB Plan Benefits During Open Season:

- Given that FEHB plan benefits in your geographic area may vary, OPM strongly encourages all enrollees to review their options during Open Season and consider a plan that best fits their needs.
- Brochure Review
 - Find the Brochure:
 - Visit [Healthcare : Plan Information - OPM.gov](#).
 - Click on the state where you live.
 - Once you click your State, you will see a list of FEHB plans available to you. Scroll to find the FEHB plan you are enrolled in or, if you are not yet enrolled, scroll to look at a FEHB plan you are interested in.
 - Once you find your FEHB plan, click the “Brochure Link.” Your FEHB Plan Brochure will open with a Table of Contents listed on the left panel.
 - Review the **Change** pages in section 2 to determine changes for the FEHB Plan for that year.
 - Review the **Index** which should have a gender affirming care category. This category may be worded in any of the following or similar ways: gender affirming care, gender reassignment surgery, affirming care services, gender affirming surgery.
 - Use **search** terms: gender dysphoria, transgender, gender affirming surgery, gender reassignment surgery, etc.
- A nationwide plan may be preferable if you or a covered family member (such as an adult child under age 26) live or spend significant time in another state or geographic service area.

¹ See also [FEHB Program Carrier Letter \(opm.gov\)](#)

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- If the services you anticipate you will need are only offered by certain specialists or centers of excellence, you might consider reviewing the plan's out of network services. Out of network services have higher cost-sharing responsibility and allow a provider to bill you for the difference between the provider's charges and the amount the plan pays, for non-emergency services.
- Review the provider directory to see if there are in-network providers that can perform the care you need. In-network providers will accept the plan's payment in full satisfaction of the charge for medically necessary services.
- Know what prescription drugs (including hormone therapies) you are currently taking (or want to take) and contact the plan to learn if that drug is on the formulary and what your cost share would be. You can also review prescription drug coverage in the [Plan Comparison Tool](#).
- If you have questions, **call the plan directly!**