

**Harvard Pilgrim Health Care, Inc.**  
**Transgender Health Services Rider**  
**Massachusetts**

TG0000000003

**Transgender Health Services**

The Plan covers transgender health services to the extent Medically Necessary and in accordance with HPHC Clinical Guidelines. Coverage includes surgery, related physician and behavioral health visits, and outpatient prescription drugs if you have outpatient prescription drug coverage under this Plan. If you are planning on receive transgender health services, you should review the current HPHC Clinical Guidelines that identifies covered services under this benefit. To receive a copy of the HPHC guidelines please call 1-888-888-4742 or go to our website at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

Benefits for transgender health services are in addition to the other benefits provided under the Plan. HPHC does not consider transgender 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.

RELATED EXCLUSIONS:

The following services are not covered:

- Abdominoplasty
- Chemical peels
- Collagen injections
- Dermabrasion
- Electrolysis or laser hair removal (for all indications, except when required pre-operatively for genital surgery)
- Hair transplantation
- Implantations (e.g. cheek, calf, pectoral, gluteal)
- Liposuction
- Lip reduction/enhancement
- Panniculectomy
- Reimbursement for travel expenses
- Removal of redundant skin
- Reversal of transgender health services and all related drugs and procedures
- Silicone injections (e.g. for breast enlargement)
- Voice modification therapy/surgery

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.