

Summary of Material Modifications (SMM)

Columbia University

Group Number: 712790

Effective Date of this SMM: January 1, 2022

A Summary Plan Description (SPD) was published effective January 1, 2021. The following are modifications and clarifications that are effective January 1, 2022, unless otherwise stated. These modifications and clarifications are intended as a summary to supplement the Active Employees and Pre-65 Retiree Benefit Plans SPDs. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

As described in this SMM, the Plan is modified as stated below, through the following changes to the *SPD*.

A) *The Plan is amended to replace the term Gender Dysphoria with the term Gender Affirmation Surgery in Section 5, Schedule of Benefits.*

B) *The Plan is amended to replace Gender Dysphoria in Section 6, Additional Coverage Details in its entirety as follows:*

Gender Affirmation Surgery

Benefits are limited to members with a diagnosis of Gender Dysphoria limited to the following services performed by an In-Network provider:

- Psychotherapy for Gender Dysphoria and associated co-morbid psychiatric diagnoses are provided as described under *Mental Health Services* in your SPD.
- Cross-sex hormone therapy:
 - Cross-sex hormone therapy administered by a medical provider.
- Puberty suppressing medication injected or implanted by a medical provider in a clinical setting.
- Laboratory testing to monitor the safety of continuous cross-sex hormone therapy.
- Surgery for the treatment for Gender Dysphoria, including the surgeries listed below:
 - Bilateral mastectomy or breast reduction
 - Clitoroplasty (creation of clitoris)
 - Hysterectomy (removal of uterus)
 - Labiaplasty (creation of labia)
 - Metoidioplasty (creation of penis, using clitoris)
 - Orchiectomy (removal of testicles)

- Penectomy (removal of penis)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

**Genital Surgery and Bilateral Mastectomy or Breast Reduction Surgery
Documentation Requirements:**

The Covered Person must provide documentation of the following for **breast surgeries** listed above:

- A written psychological assessment from at least one qualified behavioral health provider experienced in treating Gender Dysphoria. The assessment must document that the Covered Person meets all of the following criteria:
 - Persistent, well-documented Gender Dysphoria.
 - Capacity to make a fully informed decision and to consent for treatment.
 - Must be 18 years or older.If significant medical or mental health concerns are present, they must be reasonably well controlled.

The Covered Person must provide documentation of the following for **genital surgeries** listed above:

- A written psychological assessment from at least two qualified behavioral health providers experienced in treating Gender Dysphoria, who have independently assessed the Covered Person. The assessment must document that the Covered Person meets all of the following criteria.
 - Persistent, well-documented Gender Dysphoria.
 - Capacity to make a fully informed decision and to consent for treatment.
 - Must 18 years or older.
 - If significant medical or mental health concerns are present, they must be reasonably well controlled.
 - Complete at least 12 months of successful continuous full-time real-life experience in the desired gender.
 - Complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated).

In addition, the following services are covered for transmasculine, transfeminine or gender diverse members with a diagnosis of Gender Dysphoria:

- Breast enlargement, including augmentation mammoplasty and breast implants.
- Chest binders for chest masculinization.
- Electrolysis for Male to Female surgeries only. Electrolysis must be performed by a Network Physician. Coverage is not limited to the genital area. Other parts of the body are covered.
- Facial feminization or masculinization procedures limited to:
 - Forehead contouring
 - Rhinoplasty
 - Mandible reconstruction
 - Trachea shave
 - Blepharoplasty
 - Brow lift
 - Cheek augmentation
 - Face lift or liposuction (only as needed in conjunction with facial feminization or masculinization procedures).
- Mastopexy.
- Pectoral implants for chest masculinization.
- Voice therapy - Feminizing or masculinizing speech therapy or voice therapy provided by a licensed therapy provider, under the direction of a Physician (when required by state law).

Fertility Preservation - when planned medical treatment due to a diagnosis of Gender Dysphoria is likely to produce Infertility/sterility. Coverage is limited to: collection of sperm, cryopreservation of sperm, ovarian stimulation and retrieval of eggs, oocyte cryopreservation, and embryo cryopreservation. Benefits are not available for embryo transfer. Long-term storage costs (anything longer than 12 months) are not covered.

Gender Transformation services must be received by an In-Network Provider in order for you to receive benefits.

C) The Plan is amended to replace in its entirety the exclusion for Gender Dysphoria in Section 8, Exclusions, as follows:

Gender Affirmation Surgery

1. The following Gender Affirmation Surgery-related services and Cosmetic Procedures:
 - Abdominoplasty.
 - Breast lift.
 - Body contouring, such as lipoplasty.
 - Calf implants.
 - Injection of fillers or neurotoxins.
 - Hair removal, except as described under Gender Affirmation Surgery in Section 6, *Additional Coverage Details*.
 - Hair transplantation.
 - Lip augmentation.
 - Lip reduction.
 - Liposuction, except as described under Gender Affirmation Surgery in Section 6, *Additional Coverage Details*.
 - Skin resurfacing, chemical peel, dermabrasion.
 - Voice modification surgery.
2. Reconstructive surgery following gender affirmation surgery to reverse natural signs of aging.
3. Reconstructive surgery following gender affirmation surgery if the member is not satisfied with the surgical result but the member's physician does not opine that a subsequent surgery is mandated for the physical health or safety of the member.
4. Reversal of gender affirmation surgery.
5. Services performed by an Out-of Network Provider.

D) The Plan is amended to replace the definition of Gender Dysphoria under Section 14 - Glossary in its entirety as follows:

Gender Dysphoria - A disorder characterized by diagnostic criteria classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.