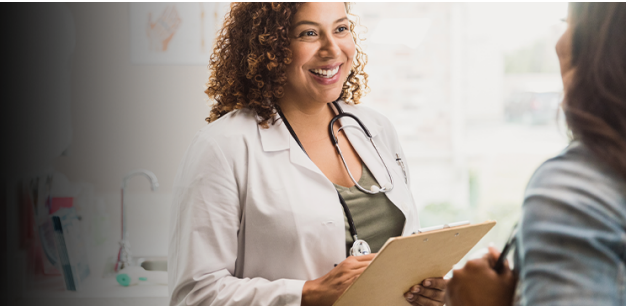


Gender Dysphoria covered services



The coverage detailed below is excerpted from the [Summary Plan Descriptions \(SPDs\)](#) for the Autodesk medical plans administered through UnitedHealthcare (UHC) (group #169460). For additional information, please refer to the SPD for plan you are enrolled in.

How UHC Defines Gender Dysphoria

Benefits for the treatment of Gender Dysphoria provided by or under the direction of a Physician. For the purpose of this Benefit, Gender Dysphoria is a disorder characterized by the specific diagnostic criteria classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.

Covered Services

Depending upon where the Covered Health Care Service is provided, Benefits will be the same as those stated under each Covered Health Care Service category. Please refer to the UnitedHealthcare SPD for details about your plan benefits and Prior Authorization process.

Non-Surgical Treatments:

Prior Authorization may be required for some non-surgical treatment. Depending upon where the Covered Health Care Service is provided, any applicable prior authorization requirements will be the same as those stated under each Covered Health Care Service category. Please refer to the UnitedHealthcare SPD *Schedule of Benefits* for additional information.

- Psychotherapy for Gender Dysphoria and associated co-morbid psychiatric diagnoses. Please refer to the UnitedHealthcare SPD for additional information on covered services for Mental Health Care.
- Cross-sex hormone therapy – hormones of the desired gender: Cross-sex hormone therapy administered by a medical provider (for example during an office visit). Refer to coverage as described under Pharmaceutical Products – Outpatient in this SPD.
 - A Covered Person must meet eligibility qualifications for hormone therapy (in addition to the plan's overall eligibility requirements). Generally, a Covered Person must have persistent, well-documented gender dysphoria; have the capacity to make fully informed decisions and to consent for treatment; and, that any other presenting medical or mental health concerns must be reasonably well-controlled. (Age 18 requirement is removed 1/1/2022.) Laboratory testing to monitor the safety of continuous cross-sex hormone therapy.
- Puberty suppressing medications injected or implanted by a medical provider in a clinical setting. Eligibility qualifications include, but are not limited to:
 - Diagnosis of gender dysphoria by a mental health professional with expertise in child and adolescent psychiatry.
 - Medication is prescribed by a pediatric endocrinologist, or a physician in consultation with a pediatric endocrinologist.
 - Patient has experienced puberty development to at least Tanner stage 2, and laboratory tests

confirm pubertal levels of hormones.

- Patient demonstrates knowledge and understanding of the expected outcomes of treatment and related transgender therapies.
- Hair removal (facial and other body hair)*
- Voice lessons and voice therapy*

* If hair removal, voice lessons or voice therapy is provided by an out of network provider, you must pay your provider for services rendered, and submit a claim for reimbursement. Additionally, since these services are often not available from a network provider, reimbursement will be based upon network benefit levels. These services are not subject to a prior authorization requirement.

Surgical Treatments:

Prior Authorization is a requirement for Surgical Treatment. You must obtain prior authorization as soon as the possibility of surgery arises. Penalties may apply if prior authorization requirements are not satisfied.

Surgery treatments for Gender Dysphoria include:

- Bilateral mastectomy or breast reduction
- Body contouring, such as lipoplasty
- Breast enlargement, including augmentation mammoplasty and breast implants
- Clitoroplasty (creation of clitoris)
- Face lift, forehead lift, or neck tightening
- Facial bone remodeling for facial feminizations
- Hysterectomy (removal of uterus)
- Labiaplasty (creation of labia)
- Liposuction, for body contouring
- Metoidioplasty (creation of penis, using clitoris)
- Orchiectomy (removal of testicles)
- Pectoral implants for chest masculinization
- Penectomy (removal of penis)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Rhinoplasty
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prosthesis
- Reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's Apple)
- Urethroplasty (reconstruction of female urethra)
- Urethroplasty (reconstruction of male urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Voice modification surgery
- Vulvectomy (removal of vulva)

Surgery - Documentation Requirements:

The Covered Person must provide documentation of the following for non-genital surgeries:

- 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.
 - 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:

- 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 be 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).

The treatment plan is based on identifiable external sources, including the *World Professional Association for Transgender Health (WPATH)*.

Excluded Services

- Abdominoplasty.
- Blepharoplasty.
- Brow lift.
- Calf implants.
- Cheek, chin, and nose implants.
- Hair transplantation.
- Injection of fillers or neurotoxins.
- Lip augmentation.
- Lip reduction.
- Mastopexy.
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics.
- Skin resurfacing.
- Treatment received outside of the United States.

Definition & Diagnostic Criteria

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

- **Diagnostic criteria for adults and adolescents:**

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:
- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
- A strong desire for the primary and/or secondary sex characteristics of the other gender.
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- **Diagnostic criteria for children:**

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least six of the following (one of which must be criterion as shown in the first bullet below)
- A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
- In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
- A strong preference for cross-gender roles in make-believe play or fantasy play.
- A strong preference for the toys, games or activities stereotypically used or engaged in by the other gender.
- A strong preference for playmates of the other gender.
- In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games and activities.
- A strong dislike of one's sexual anatomy.
- A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.