SUBJECT: Gender Identity Disorder/Gender Dysphoria

This letter provides guidance for FEHB carriers regarding treatment of individuals who meet established criteria for a diagnosis of Gender Identity Disorder/Gender Dysphoria.

Carrier Letter 2011-12 directed carriers to allow individuals who identify as transgender to select their preferred gender designation for health records. It also reinforced the need to provide health benefits consistent with each person’s individual medical status before and after gender transition.

There is an evolving professional consensus that treatment is considered medically necessary for certain individuals who meet established Diagnostic and Statistical Manual (DSM) criteria for a diagnosis of Gender Identity Disorder/Gender Dysphoria. Accordingly, OPM is removing the requirement that FEHB brochures exclude “services, drugs, or supplies related to sex transformations” in Section 6 of the FEHB plan brochure effective with the 2015 plan year.

Carriers will propose one of two options on coverage of services, drugs, and supplies regarding a diagnosis of Gender Identity Disorder/Gender Dysphoria:

1) Remove the General Exclusion language and provide to OPM the specific brochure text that describes the covered components and limitations of care for the diagnosis; or

2) Maintain the General Exclusion language for the 2015 plan year.

Let your contract specialist know by June 30, 2014 which option you are proposing and include the brochure text if applicable. Consistent with other benefit and rate negotiations, provide your contract specialist with all required information and necessary justification.

For questions or additional information, please contact your contract specialist.

Sincerely

John O’Brien
Director
Healthcare and Insurance