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**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**

**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals**

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**Benefit Description**

**Reconstructive Surgery (cont.)**

Notes:

- Prior approval is required for gender affirming surgery. For more information about prior approval, please refer to Section 3.
- Benefits are not available for repeat or revision procedures unless they are determined to be medically necessary. Benefits are not available for gender affirming surgery for any condition other than gender dysphoria.
- Gender affirming surgery on an inpatient or outpatient basis is subject to the pre-surgical requirements listed below. **The member must meet all requirements.**
  - **Prior approval is obtained**
  - **Member must be at least 16 years of age for mastectomy and 18 years of age for other covered surgeries at the time prior approval is requested and the treatment plan is submitted**
  - Diagnosis of gender dysphoria by a qualified healthcare professional with well-documented persistent gender incongruence, including documentation that other possible causes of gender incongruence have been excluded.
  - Documentation of informed consent and fulfillment of the program's criteria for gender affirming surgical treatment
  - Member must meet the following criteria:
    - 6 months of continuous hormone therapy appropriate to the member's gender identity (unless medically contraindicated; not required for mastectomy)

- Must have a written psychological assessment from a qualified mental health professional documenting the diagnosis of persistent gender dysphoria with a well-documented persistent gender incongruence between the assigned gender and the experienced/expressed gender or some alternative gender, support of surgical procedure(s), and well-controlled physical and mental health conditions
- Surgical treatment plan must include timing, technique, and duration of aftercare

### You Pay

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

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### Benefit Description

*Not covered:*

- *Cosmetic surgery – any operative procedure or any portion of a procedure performed primarily to improve physical appearance through change in bodily form – unless required for a congenital anomaly or to restore or correct a part of the body that has been altered as a result of accidental injury, disease, or surgery (does not include anomalies related to the teeth or structures supporting the teeth)*
- *Surgeries related to sexual dysfunction or sexual inadequacy (except surgical placement of penile prostheses to treat erectile dysfunction)*
- *Reversal of gender affirming surgery*

### You Pay

*All charges*

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