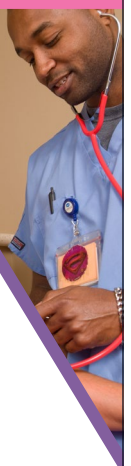




TRANSGENDER HEALTH INSURANCE BUYER'S GUIDE COLORADO 2022



IN COLORADO:

- You cannot be denied or limited coverage based on “pre-existing conditions” like sexual orientation, gender identity, or health conditions, including HIV status.
- You **cannot be charged more** for health insurance or services because of your sexual orientation or gender identity.
- You have a right to **medically necessary services**, as determined by you and your provider (not the insurer), if those services are provided to other patients without regard to their sexual orientation or gender identity.
- All free **preventative services** offered to cisgender patients also apply to transgender patients.

KNOW WHAT'S COVERED IN HEALTH PLANS SOLD IN COLORADO:

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
LGBTQ navigator?	No	No	No	No	Yes	Yes	No	No
Mental and behavioral health coverage?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
List Specific Covered Services?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Requires prior-authorization? ²	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hormone therapy coverage? ³	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Puberty Blocker Coverage? ⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medically necessary, gender-affirming surgery coverage?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Explicit Cosmetic Exclusions?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

1. All plans state that they cover “medically necessary” treatments and exclude services they deem to be “cosmetic” in nature. It is recommended that individuals review each plan and talk to the insurance company for more in-depth information on covered services.
2. Prior-authorization through your doctor may be required to access transgender-specific insurance benefits, including surgery and hormone replacement therapy. Some procedures may be considered cosmetic in nature and not covered. Details for insurance plan exclusions and limitations may be found at www.connectforhealthco.com or by contacting the insurance carrier directly.
3. For more information on which forms of hormone therapy are covered and how medications are tiered, see the document titled “Hormone Therapy Prescription Coverage Guide.”
4. It is strongly encouraged to contact insurance carriers directly to get, in writing, information about the services they cover, age and gender restrictions, and restrictions or limitations on puberty blockers for transgender and non-binary youth.

Details for insurance plans and requirements can be found at www.connectforhealthco.com.

IF YOU ARE WRONGFULLY DENIED MEDICALLY NECESSARY SERVICES FROM YOUR HEALTH INSURANCE CARRIER, IT'S YOUR RIGHT TO:

- **APPEAL THE DECISION DIRECTLY WITH THE HEALTH INSURANCE CARRIER.** If your health plan ID card has a “CO-DOI” designation on it, your plan is subject to Colorado’s insurance laws and rules, including CCR 4-2-62, which prohibits discrimination based on sexual orientation and gender identity within the insurance marketplace
- **FILE A COMPLAINT WITH THE COLORADO DIVISION OF INSURANCE** at <https://doi.colorado.gov/for-consumers/file-a-complaint>
- **FILE A COMPLAINT WITH THE COLORADO CIVIL RIGHTS DIVISION** at www.colorado.gov/pacific/dora/civil-rights

QUESTIONS?

Need assistance appealing your denial or filing a complaint? Contact health@one-colorado.org.

