



Insurance Coverage for Gender-Related Care

The Affordable Care Act makes it illegal for most insurance plans to deny you coverage for medically necessary care because of your gender identity, gender marker, or diagnosis.

What does this mean?

In general, your insurance must pay for medically necessary healthcare. This means:

- Your insurance plan cannot exclude coverage for transition-related care or procedures.
- If your insurance covers a procedure for cis people, it cannot deny you coverage for the same procedure because you need the procedure to treat gender dysphoria.
- Your insurance company cannot refuse to enroll you, cancel your plan, or raise your rates because you are trans.
- Your insurance company cannot deny coverage because of your gender marker. For example, you cannot be denied coverage for a prostate exam because your gender marker is female.

What type of coverage should be covered?

Indiana Legal Services has gotten the following services covered when a doctor has said they are medically necessary:

Hormone Replacement Therapy
Puberty Blockers
Masculinizing chest surgery (top surgery)
Orchiectomy
Hysterectomy
Feminizing vaginoplasty
Voice Therapy

Indiana Legal Services also believes the following services should be covered if a doctor says they are medically necessary:

Breast augmentation
Facial Feminization

Masculinizing phalloplasty
Metaoidioplasty
Reduction thyrochondroplasty (tracheal shave)

Where can I get more information?

The Transgender Legal Defense and Education Fund's Health Insurance - Understanding Your Plan.

What if coverage is denied?

Even with protections, insurance plans may deny medically necessary care. If you are denied coverage, follow the steps outlined on our Fighting Insurance Denials.

For a free confidential intake, contact the LGBT Law project at 317-829-3180 or lgbtgroup@ilsil.net or fill out our on-line intake here.

Printed:September 20, 2021

<http://www.indianalegalservices.org/node/1045/insurancecoverage>

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