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# Memorandum

To: Employee Forum Executive Committee  
From: Terri Phoenix, Ph.D., Director LGBTQ Center

## **Background for Discussion with Terri Phoenix**

In 2017, following the passage of the Affordable Care Act, there was some coverage of medical procedures that are used by transgender employees (e.g., hormone therapy, various surgeries related to transition). However, beginning in January 2018, the employee health insurance again excluded coverage of this medical care as identified below:

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Psychological assessment and psychotherapy treatment in conjunction with proposed gender transformation

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Treatment or studies to or in connection with sex changes or modifications and related care

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This is a discriminatory exclusion and is negatively affecting transgender employees. The state health plan is excluded from the ACA prohibition against discrimination because it is a self-insured program.

Another exclusion about which I have concerns is the exclusions regarding family planning. See below:

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#### Family Planning Exclusions

- Artificial means of conception, including, but not limited to, artificial insemination, invitro fertilization (IVF), ovum or embryo placement, intracytoplasmic sperm injection (ICSI), and gamete intrafallopian tube placement (GIFT) and associated services
- Donor eggs and sperm
- Cryopreservation of donor eggs, sperm or embryos
- Surrogate mothers
- Care or treatment of the following:
  - Maternity for dependent children
  - Infertility and sexual dysfunction services for dependent children
  - Reversal of sterilization.
- Abortions except for when the pregnancy is the result of rape or incest or for subscribers and enrolled spouses of the subscribers when the life of the mother would be endangered if the unborn child was carried to term

While these exclusions affect all employees, they disproportionately affect same sex couples wishing to start or add to their family. This exclusion privileges heterosexual copulation by cisgender individuals thus discriminating against same sex couples.