



**The Empire  
Plan**

# Empire Plan Certificate Amendments

## **Management/Confidential; Legislature**

For Management/Confidential (M/C) employees of the State of New York or the Legislature, their enrolled dependents, COBRA enrollees and Young Adult Option enrollees

This document describes changes made to the June 1, 2019, Empire Plan Certificate.

**September 16, 2019**

# The Empire Plan Medical/Surgical Program Certificate of Insurance

## Participating Provider Program

### What is covered under the Participating Provider Program

Effective September 16, 2019, Replace existing item H. with the following:

- H. **Gender Dysphoria Treatment** – Coverage includes cross-sex hormone therapy, puberty suppressing medications and laboratory testing to monitor the safety of hormone therapy. Gender affirming surgery is covered when Your behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, provides a written psychological assessment documenting that You have a diagnosis of gender dysphoria, the capacity to make a fully-informed decision and to consent for treatment and are at least 18 years of age.

Any other associated surgeries, services and procedures, including those done to change Your physical appearance to more closely conform secondary sex characteristics to those of Your identified gender are covered when Your behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, provides a determination of Medical Necessity and confirms that You have a diagnosis of gender dysphoria, have the capacity to make a fully-informed decision and consent for treatment, and are 18 years of age or older. While not required, a Predetermination review, also known as a preservice claim determination, is available.

## Basic Medical Program

### What is covered under the Basic Medical Program (Nonparticipating Providers)

Effective September 16, 2019, Replace existing item H. with the following:

- H. **Gender Dysphoria Treatment** – Coverage includes cross-sex hormone therapy, puberty suppressing medications and laboratory testing to monitor the safety of hormone therapy. Gender affirming surgery is covered when Your behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, provides a written psychological assessment documenting that You have a diagnosis of gender dysphoria, the capacity to make a fully-informed decision and to consent for treatment and are at least 18 years of age.

Any other associated surgeries, services and procedures, including those done to change Your physical appearance to more closely conform secondary sex characteristics to those of Your identified gender are covered when Your behavioral health provider, who must be licensed by the state in which they practice and acting within the scope of their practice, provides a determination of Medical Necessity and confirms that You have a diagnosis of gender dysphoria, have the capacity to make a fully-informed decision and consent for treatment, and are 18 years of age or older. While not required, a Predetermination review, also known as a preservice claim determination, is available.

## Medical/Surgical Program General Provisions

### Exclusions and limitations

Replace existing item C. with the following:

- C. **Cosmetic Services.** Cosmetic services, Pharmaceutical Products or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child, which has resulted in a functional defect. You are covered for services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this *Certificate*. Cosmetic surgery does

not include surgery determined to be Medically Necessary. Also excluded are services deemed to be cosmetic in nature on the grounds that changing or improving an individual's appearance is justified by the individual's mental health needs, with the exception, **effective September 16, 2019**, of a diagnosis of gender dysphoria. Refer to *What is covered under the Participating Provider Program*, page 55, and *What is covered under the Basic Medical Program (Nonparticipating Providers)*, page 63, for limited coverage of reconstructive surgery.

*The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for unrepresented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.*