

Transgender People: your checklist[®]

Specifically speaking—Consider this checklist when selecting the best plan for you:

Who is Covered? Transgender people can no longer be denied health care coverage under the Affordable Care Act. However, you may need a driver's license, birth certificate, or other identification in order to enroll. If you need assistance, your case manager, or an organization like Free State Legal Project (410-625-LGBT, FreeStateLegal.org), may be able to help. There are also other factors to consider:

- if you qualify for family coverage you should know how the plan defines “family.”
- is it a requirement that one be legally married to add a partner to a plan?
- can the children of a partner be included in the plan, and if so, is a legal marriage required to do so?

What's Covered and What's Not?

Covered Services—If the following services are required by you or a family member, be sure the plan covers them: dental; optical, including glasses; and alcohol or substance use disorder (SUD) treatments.

Preventive services and screenings—Be sure the plan covers screenings for mental health issues such as depression and anxiety.

Medications—The plans will cover many medications. Be sure the plan covers your medications. If your doctor recommends Truvada (tenofovir and emtricitabine) as a daily medication to prevent HIV infection, be sure the plan covers it.

Exclusions—Health plans will only cover medically necessary services and will also require you to get permission before you can receive some higher cost services and medications. Your provider can help you with the plan's treatment approval process. Some plans might deny coverage for transition-related care (doctor's visits, hormones, lab work, surgeries, etc.). LGBTQ legal advocates are challenging such denials. If your plan denies coverage for transition-related care, please contact an LGBTQ legal advocacy organization, such as Free State Legal Project (410-625-LGBT, FreeStateLegal.org).

Providers—Be sure the plan covers providers who specialize in working with transgender, gender non-conforming, and/or intersex people. It should cover care from your primary care provider, as well as specialists you may need. These could include psychiatrists, psychologists, and licensed clinical social workers. If you have children, be sure their provider will be covered.

What is Affordable for You?

Costs—Look for a plan that has a deductible you can afford and charges co-payments instead of coinsurance for out-patient services so that you can better estimate all of your out-of-pocket costs. If you or a family member might need alcohol or substance use disorder (SUD) treatments, be sure you would be able to afford the deductible.

Savings—Many individuals and families will qualify for assistance to lower premiums and other costs. If you are eligible for tax credits or cost sharing reductions, consider selecting a silver plan to get the most affordable insurance. For information about financial assistance for people living with HIV, call 410-767-6535 or visit <http://bit.ly/MADAP>.

Call the Maryland Call Center at 1-855-642-8572 for enrollment assistance or go to www.marylandhealthconnection.gov for more information.

Find more helpful information about how to select and enroll in healthcare coverage at <http://bit.ly/MWCHCReenroll>.

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