Important Update

Coverage for Sex-Trait Modification Treatment

Starting Jan. 1, 2026, the Office of Personnel Management (OPM) has directed that sex-trait modification treatments for diagnosed gender dysphoria will no longer be covered under the Federal Employees Health Benefits Program (FEHBP), except through a limited exception process for individuals 19 years or older and who are "mid-treatment" for sex-trait modification services on Jan. 1, 2026.

What "mid-treatment" means

You may be considered mid-treatment if you began any of the following before Jan. 1, 2026:

- Hormone replacement therapy (HRT)
- Hormone blockers used for transition
- Surgical modification (e.g., top surgery, bottom surgery, facial procedures) that have been approved or started

What is still covered

Mental health services related to gender dysphoria will continue to be covered and do not require an exception.

How to request an exception

If you are mid-treatment, you may be eligible to continue your current stage of care through an exception.

For surgical treatment: Your provider must submit a Precertification Request for Authorization of Services through the CareFirst Provider Portal or by completing the required form.

For hormone treatment or other services: You or your provider can send an exception request:

- **Mail:** Mail Administrator, P.O. Box 14114, Lexington, KY 40512-4114
- **Online:** Upload via the CareFirst member portal (My Account)

> **Please contact CVS at 800-241-3371 to confirm your current authorization status for hormone treatment before submitting your request.**
>
> **If you're unsure whether your treatment qualifies for an exception or need help with the process, please contact our Member Service Team at 888-789-9065.**

Key guidelines to know

- Members under the age of 19 are not eligible for an exception.
- If you switch health plans during open enrollment, you will not be eligible for an exception.
- Sex-trait modification treatment will be divided into three stages: (1) psychological counseling, (2) hormone treatment, and (3) surgical modification.
- Exceptions only apply to the stage of treatment you are in as of Dec. 31, 2025. You cannot use an exception to begin a new stage.
- If your hormone treatment authorization ends before Jan 1. 2026, you are not eligible for an exception.
- If your current hormone treatment authorization extends beyond Dec. 31, 2025, you may qualify for an exception that covers your treatment until your authorization expires, or until Dec. 31, 2026, whichever comes first.
- For members in the surgical modification stage, benefits (including hormone treatment) end after the surgery is completed, unless additional reconstructive surgery to the surgery site is medically necessary.
- Medically necessary office visits and diagnostic services related to approved treatment exceptions will be covered in conjunction with the benefits outlined in the 2026 CareFirst BlueChoice FEHBP Brochure.
- Maintenance services (like hair removal or voice therapy) are not eligible for an exception.
- Coverage for all exceptions will end as of Dec. 31, 2026.

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