



## GENDER-AFFIRMING BENEFITS

### What The UC Berkeley Student Health Insurance Plan (SHIP) Covers For 2024-2025 Plan Year

What is my share of the cost for gender-affirming services?

Benefit	In-network	Out-of-network	Notes
Bottom surgery <sup>1</sup>	10% <sup>2</sup> \$250 copay <sup>3</sup>	50% <sup>2</sup> \$500 copay <sup>3</sup>	Subject to precertification
Hysterectomy <sup>1</sup>	10% <sup>2</sup> \$250 copay <sup>3</sup>	50% <sup>2</sup> \$500 copay <sup>3</sup>	Subject to precertification
Hormone therapy	\$15 copay per visit then 0% deductible waived	50% <sup>2</sup>	
Top surgery <sup>1</sup>	10% <sup>2</sup> \$250 copay <sup>3</sup>	50% <sup>2</sup> \$500 copay <sup>3</sup>	Subject to precertification
Electrolysis/laser hair removal of full body <sup>4</sup>	10% <sup>2</sup>	50% <sup>2</sup>	As there are currently no in-network electrolysis or laser hair removal providers, services rendered with an out of network provider will be covered at the in- network benefit level of the actual charge
Tracheal shave	10% <sup>2</sup>	50% <sup>2</sup>	
Travel expenses <sup>1</sup>	Up to \$10,000 maximum per surgery or series of surgical stages (deductible waived)		Subject to precertification
Gender-conforming facial surgery (including facial feminization surgery) <sup>1</sup>	10% <sup>2</sup> \$250 copay <sup>3</sup>	50% <sup>2</sup> \$500 copay <sup>3</sup>	Subject to precertification
Fertility preservation <sup>1</sup>	\$25 copay per visit for consultation (deductible waived) \$250 copay per round of treatment plus 10% <sup>2</sup>	50% <sup>2</sup> copay per visit for consultation \$250 copay per round of treatment plus 50% <sup>2</sup>	Subject to precertification. Limited to fertility preservation services only. This plan does not cover the testing or treatment of infertility. Fertility preservation includes annual storage costs when enrolled in SHIP; limited to \$20,000/lifetime maximum.

Vocal training (speech therapy)	\$15 copay per office visit or 10% after deductible <sup>2,5</sup>	50% <sup>2</sup>	Subject to precertification after the 12th visit (per plan year)
Physical Therapy	\$15 copay per office visit or 10% after deductible <sup>2,5</sup>	50% <sup>2</sup>	Subject to precertification after the 12th visit (per plan year)

1 Precertification is required to determine medical necessity for gender identity disorder or gender dysphoria. Fertility medication may require prior-authorization. Fertility medication does not apply toward the \$20,000 lifetime maximum for fertility preservation.

2 \$450 deductible applies to services rendered outside of the Tang Center.

3 Inpatient hospital admission is subject to a copay of \$250 with an in-network provider or \$500 copay with an out-of-network provider.

4 Laser hair removal may be done by a dermatologist in Blue Shield's PPO network. Laser hair removal and electrolysis services cannot be performed simultaneously for the same body area at the same time. However, laser hair removal and electrolysis services can be performed simultaneously for separate body areas.

5 If the claim is billed with a primary medical diagnosis, services are covered at 100% after a \$15 copay. If the claim is billed with a mental/behavioral health primary diagnosis, the services are covered at 90% after the deductible under the outpatient mental/behavioral benefit.



### How do I find a provider?

Berkeley SHIP maintains a list of in-network providers specializing in gender-affirming services.

When you call to make an appointment with one of these providers, be sure to ask if they are still in the Blue Shield PPO network and can accept your coverage. If you have questions about other doctors, call the Berkeley SHIP Office at (510) 642-5700.



### If I use an out of network provider, how do I submit a claim?

You must be an active and enrolled student or dependent on Berkeley SHIP on the date you receive the services.

1. Download and complete a Medical claim form from [Wellfleet Student - University of California Berkeley](#).
2. Provide proof of payment.
3. Provide an itemized bill from the provider with dates of service, billed amount and provider information.
4. Submit a claim using:
  - ◆ Fax claim to (413) 733-4612.
  - ◆ Email claim to [UCBcustomerservice@wellfleetinsurance.com](mailto:UCBcustomerservice@wellfleetinsurance.com).
  - ◆ Mail claim to Wellfleet Group - PO Box 15369 Springfield, MA 01115-5369.
  - ◆ Upload Claims and Receipts to your [Wellfleet Student Account](#).

## What if I have a question?

To learn more about your benefits and the precertification process or for assistance with submitting the claim form, contact the Berkeley SHIP Office at **(510) 642-5700**

### For more information:

#### Gender-Affirming Benefits

[uhs.berkeley.edu/ship/gender-affirming-benefits](https://uhs.berkeley.edu/ship/gender-affirming-benefits)

#### Transgender and Gender Diverse Care

[uhs.berkeley.edu/trans#ship](https://uhs.berkeley.edu/trans#ship)

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