

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 1 of 8

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria - Must satisfy the following: I or II, and III; or any of IV - V

- I. Breast or chest gender reassignment surgery - the member must satisfy all of the following: A - D
 - A. Persistent, well-documented *gender dysphoria*; and
 - B. The capacity to make a fully informed decision and to give consent for treatment; and
 - C. A favorable psychosocial-behavioral evaluation to provide screening and identification of risk factors or potential postoperative challenges; and
 - D. At least 1 referral letter from a *qualified mental health professional*. The referral letter must address all of the following: 1 - 6
 1. The member's general identifying characteristics; and
 2. Results of the member's psychosocial assessment, including any diagnoses; and
 3. The duration of the mental health professional's relationship with the member, including the type of evaluation and therapy or counseling administered to date; and
 4. An explanation that the criteria for surgery have been met and a brief description of the clinical rationale for supporting the member's request for surgery; and
 5. A statement about the fact that informed consent has been obtained from the member; and
 6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.
- II. Genital gender reassignment surgery - the member must have all of the following: A - G
 - A. Persistent, well-documented *gender dysphoria*; and
 - B. The capacity to make a fully informed decision and to give consent for treatment; and

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 2 of 8

- C. Member is at least 18 years of age (age of majority); and
 - D. A favorable psychosocial-behavioral evaluation to provide screening and identification of risk factors or potential postoperative challenges; and
 - E. At least 2 referral letters from *qualified mental health professionals*. If the first referral is from the member's psychotherapist, the second referral should be from a *qualified mental health professional* that has only had an evaluative role with the member. Two separate letters, or one letter signed by both (if practicing within the same clinic) may be sent. Each referral letter must address all of the following: 1 - 6
 - 1. The member's general identifying characteristics; and
 - 2. Results of the member's psychosocial assessment, including any diagnoses; and
 - 3. The duration of the mental health professional's relationship with the member, including the type of evaluation and therapy or counseling administered to date; and
 - 4. An explanation that the criteria for surgery have been met and a brief description of the clinical rationale for supporting the member's request for surgery; and
 - 5. A statement about the fact that informed consent has been obtained from the member; and
 - 6. A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this.
 - F. Completed at least 12 continuous months of living in a gender role that is congruent with their gender identity (such as, but not limited to, consistently presenting in the member's desired gender role on a day-to-day basis and across all settings of life; coming out to partners, family, friends, and community members; and acquiring legal name and/or gender marker change); and
 - G. Completed at least 12 continuous months of cross-sex hormone therapy as appropriate to the member's gender goals (unless hormones are not clinically indicated).
- III. When the above criteria indications are met, the following procedures are medically necessary
- A. Bilateral mastectomy or breast reduction
 - B. Clitoroplasty (creation of clitoris)
 - C. Hysterectomy (removal of uterus)
 - D. Labiaplasty (creation of labia)
 - E. Metoidioplasty (creation of penis, using clitoris)
 - F. Orchiectomy (removal of testicles)
 - G. Penectomy (removal of penis)
 - H. Penile prosthesis
 - I. Phalloplasty (creation of penis)
 - J. Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
 - K. Scrotoplasty (creation of scrotum)
 - L. Testicular prostheses
 - M. Urethroplasty (reconstruction of female urethra)
 - N. Urethroplasty (reconstruction of male urethra)

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 3 of 8

- O. Vaginectomy (removal of vagina)
- P. Vaginoplasty (creation of vagina)
- S. Vulvectomy (removal of vulva)

- IV. Requests for procedures that are excluded as cosmetic must have documentation from a *qualified mental health professional* supporting that the member's clinical condition meets the diagnostic criteria for a DSM mental disorder diagnosis (eg, *gender dysphoria*) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: A or B, and C
- A. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
 - B. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
 - C. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).
- V. Reinsertion/replacement of breast implant is covered if the original surgery was for a medically necessary indication, eg, IV. above.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description.

The following procedures, including but not limited, are considered cosmetic and not medically necessary when performed solely as part of gender reassignment surgery coverage for treatment of gender dysphoria

- Blepharoplasty
- Blepharoptosis and brow lift
- Body contouring (eg, fat transfer, lipoplasty, panniculectomy)
- Breast augmentation mammoplasty and breast implants
- Calf implants
- Cheek, chin and nose implants
- Face/forehead lift and/or neck tightening
- Facial bone remodeling for facial feminization
- Hair removal or replacement by any means, eg, laser, electrolysis, medications, that is not related to genital reconstruction
- Lip augmentation
- Lip reduction
- Liposuction or removal of fat deposits by any means, such as but not limited to submental lipectomy, suction assisted lipectomy (does not include post-mastectomy), deoxycholic acid injection (Kybella)
- Pectoral implants for chest masculinization
- Rhinoplasty
- Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 4 of 8

- Voice modification surgery (eg, laryngoplasty, glottoplasty or shortening of the vocal cords)
- Voice lessons and voice therapy
- Wrinkle (rhytid) treatment or any treatment to improve the appearance of the skin, such as but not limited to, botulinum toxin, chemical peels, hyaluronic acid, injectable soft tissue fillers/filling material, eg, collagen (does not include for incontinence), laser, microdermabrasion, rhytidectomy (face-lift) topical retinoids

DEFINITIONS:

Gender dysphoria or gender identity disorder

Is defined as evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is of the other gender. Persons with this disorder experience a sense of discomfort and inappropriateness regarding their anatomic or genetic sexual characteristics.

Gender reassignment

Refers to the hormonal and surgical reassignment/treatment of gender dysphoric persons.

Qualified mental health professional:

The following are the minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

- A master's degree or its equivalent in a clinical behavioral science field
- Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes
- Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria
- Documented supervised training and competence in psychotherapy or counseling
- Knowledge about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria
- Continuing education in assessment and treatment of gender dysphoria

The following are desired credentials but are not required:

- Cultural competence to facilitate their work with transsexual, transgender, and gender nonconforming clients, eg, knowledgeable about community, advocacy and public policy issues relevant to these clients and their families
- Knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders

BACKGROUND:

Gender dysphoria or gender identity disorder is not the same condition that occurs in patients suffering from genetic or hormonal abnormalities, or ambiguous genitalia.

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 5 of 8

Prior Authorization: Yes, per network provider agreement

CODING:

When billed with the following ICD-10 diagnosis codes:

F64.0 Transsexualism
 F64.1 Dual role transvestism
 F64.2 Gender identify disorder of childhood
 F64.8 Other gender identity disorders
 F64.9 Gender identify disorder, unspecified
 Z87.890 Personal history of sex reassignment status

CPT®

14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
 14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
 14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
 15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk
 15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
 15750 Flap; neurovascular pedicle
 15757 Free skin flap with microvascular anastomosis
 15758 Free fascial flap with microvascular anastomosis
 15769 Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
 15771 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
 15772 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
 15773 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
 15774 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
 19303 Mastectomy, simple, complete
 19318 Breast reduction
 53410 Urethroplasty, 1-stage reconstruction of male anterior urethra
 53430 Urethroplasty, reconstruction of female urethra
 54125 Amputation of penis; complete
 54400 Insertion of penile prosthesis; non-inflatable
 54401 Insertion of penile prosthesis; inflatable
 54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
 54406 Removal of all components of a multi-component, inflatable penis prosthesis without replacement of prosthesis
 54408 Repair of components of a multi-component, inflatable penile prosthesis
 54410 Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 6 of 8

54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of the infected tissue

54415 Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis without replacement of prosthesis

54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session

54417 Removal and replacement of all components of a non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of the infected tissue

54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach

54660 Insertion of testicular prosthesis (separate procedure)

54690 Laparoscopic, surgical; orchiectomy

55175 Scrotoplasty; simple

55180 Scrotoplasty; complicated

55970 Intersex surgery; male to female (a series of staged procedures that includes male genitalia removal, penile dissection, urethral transposition, creation of vagina and labia with stent placement)

55980 Intersex surgery; female to male (a series of stated procedures that includes penis and scrotum formation by graft, and prosthesis placement)

56625 Vulvectomy simple; complete

56800 Plastic repair of introitus

56805 Clitoroplasty for intersex state

57110 Vaginectomy, complete removal of vaginal wall

57111 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radial vaginectomy)

57335 Vaginoplasty for intersex state

58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)

58180 Supracervical abdominal hysterectomy (subtotal) hysterectomy), with or without removal of tubes, with or without removal of ovary(s)

58260 Vaginal hysterectomy, for uterus 250g or less

58262 Vaginal hysterectomy, for uterus 250g or less; with removal of tubes, and or ovary(s)

58290 Vaginal hysterectomy, for uterus greater than 250g

58291 Vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(s)

58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250g or less\

58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(s)

58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250g

58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(s)

58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less

58552 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(s)

58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g

58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(s)

58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 7 of 8

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(s)

58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g

58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) and/or ovary(s)

58661 Laparoscopy, surgical; with removal of adnexal structures (partial or totally oophorectomy and/or salpingectomy)

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

58940 Oophorectomy, partial or total, unilateral or bilateral

64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition

64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4cm length

64896 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4cm length

CPT codes copyright 2023 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. The AMA assumes no liability for the data contained herein.

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Breast Reduction and Gynecomastia Surgery MC/G002
3. Clinical Policy: Coverage Determination Guidelines MP/C009
4. Clinical Policy: Cosmetic Procedures/Treatments MP/C002
5. Clinical Policy: Eyelid and Brow Surgery MC/G001
6. Clinical Policy: Panniculectomy, Excision/Removal Redundant Skin/Tissue (includes lipectomy) MC/G003
7. Clinical Policy: Reconstructive Surgery MP/R002
8. Clinical Policy: Rhinoplasty MC/C001
9. Minnesota Department of Commerce and MN Department of Health. Joint Administrative Bulletin 2023-1. The Availability of Health Insurance Coverage and the Provision of Health Insurance Benefits for Medically Necessary Gender Affirming Health Care Services. Retrieved from [bulletin_23-11-01.pdf \(mn.gov\)](https://bulletin_23-11-01.pdf(mn.gov))
10. World Professional Association for Transgender Health. (2022) Standards of Care for the Health of Transgender and Gender Diverse People [8th Version] Retrieved from <https://www.wpath.org/publications/soc>. Accessed 01-19-23.

DOCUMENT HISTORY:

Created Date: 02/01/22
Reviewed Date: 01/19/23
Revised Date: 05/27/22, 10/28/22, 03/03/23, 08/04/23, 01/04/24

Department of Origin: Integrated Healthcare Services	Effective Date: 11/01/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Medical Criteria Document: Gender Reassignment, Surgical Treatment for Gender Dysphoria	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G019	Page: 8 of 8

Attachment A

WHODAS 2.0, 12-items

12-item World Health Organization Disability Assessment Schedule

In the past 30 days, how much difficulty did you have in. . .

(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed.](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.)

General Disability Score

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙበት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).