

Summary of Material Modifications (SMM)

Cook County Pension Fund Group Health Benefit Plan

Group Number: 902956

Effective Date of this SMM: October 1, 2022

A Summary Plan Description (SPD) was published January 1, 2022. This SMM to the Plan SPD is issued by the Plan Administrator as described below.

Because this SMM is part of a legal document, the Plan Administrator wants to give you information about the document that will help you understand it. Certain capitalized words have special meanings.

What are the Modifications to the Plan?

These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this SMM with your *SPD* since this material plus the *SPD* is your complete SPD. In the event of any discrepancy between this SMM and the *SPD*, the provisions of this SMM shall govern.

SECTION 5 – PLAN HIGHLIGHTS

The Benefit in Section 5, Plan Highlights under the category Gender Dysphoria has been added as follows:

Schedule of Benefits for Set 001 Choice Plan

This table provides an overview of the Plan's coverage levels.

Amounts which you are required to pay as shown below in the *Schedule of Benefits* are based on *Eligible Expenses* or, for specific Covered Health Services as described in the definition of Recognized Amount in Section 14, *Glossary*.

(Set 001 Choice Plan)

Covered Health Services	Benefit <i>(The Amount Payable by the Plan)</i>
	Network
Gender Dysphoria	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this section.

Schedule of Benefits for Set 002 Choice Plus Plan

This table provides an overview of the Plan's coverage levels.

Amounts which you are required to pay as shown below in the *Schedule of Benefits* are based on *Eligible Expenses* or, for specific Covered Health Services as described in the definition of Recognized Amount in Section 14, *Glossary*.

(Set 002 Choice Plus Plan)

Covered Health Services	Benefit (The Amount Payable by the Plan)	
	Network	Non-Network
Gender Dysphoria	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this section.	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this section.

SECTION 6 – ADDITIONAL COVERAGE DETAILS

The language in Section 6, Additional Coverage Details under the benefit category Gender Dysphoria has been added as follows:

Gender Dysphoria

The Plan covers gender dysphoria procedures when they are deemed to be Medically Necessary and not otherwise Excluded (Section 8). Procedures covered may include hormone therapy, gender dysphoria surgeries and counseling before and after surgery.

Documentation Requirements:

The Covered Person must provide documentation of the following for breast surgery:

- A written assessment from at least one Physician experienced in treating Gender Dysphoria. The assessment must document that the Covered Person meets all of the following criteria:
 - Medically Necessary
 - Persistent, well-documented Gender Dysphoria.

- Capacity to make a fully informed decision and to consent for treatment.
- Must be 18 years or older.
- If significant medical or mental health concerns are present, they must be reasonably well controlled.

The Covered Person must provide documentation of the following for genital surgery:

- A written assessment from at least two Physicians experienced in treating Gender Dysphoria, who have independently assessed the Covered Person. The assessment must document that the Covered Person meets all of the following criteria.
 - Medically Necessary
 - Persistent, well-documented Gender Dysphoria.
 - Capacity to make a fully informed decision and to consent for treatment.
 - Must 18 years or older.
 - If significant medical or mental health concerns are present, they must be reasonably well controlled.
 - Complete at least 12 months of successful continuous full-time real-life experience in the desired gender.
 - Complete 12 months of continuous cross-sex hormone therapy appropriate for the desired gender (unless medically contraindicated).

Prior Authorization Requirement for Surgical Treatment

For Non-Network Benefits you must obtain prior authorization as soon as the possibility of surgery arises.

In addition, for Non-Network Benefits you must contact the Claims Administrator 24 hours before admission for scheduled admissions or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).

It is important that you notify the Claims Administrator as soon as the possibility of surgery arises. Your notification allows the opportunity for the Claims Administrator to provide you with additional information and services that may be available to you and are designed to achieve the best outcomes for you.

Prior Authorization Requirement for Non-Surgical Treatment

Depending upon where the Covered Health Service is provided, any applicable prior authorization requirements will be the same as those stated under each Covered Health Service category.

SECTION 8 – EXCLUSIONS AND LIMITATIONS

The exclusion in Section 8, Exclusions and Limitations under the benefit category Gender Dysphoria has been added as follows:

Gender Dysphoria

Procedures, including the following:

- Abdominoplasty.
- Blepharoplasty
- Breast enlargement, including augmentation mammoplasty and breast implants.
- Body contouring, such as lipoplasty.
- Brow lift.
- Calf implants.
- Cheek, chin, and nose implants.
- Injection of fillers or neurotoxins.
- Face lift, forehead lift, or neck tightening.
- Facial bone remodeling for facial feminizations.
- Hair removal except as part of a genital reconstruction procedure by a Physician for the treatment of Gender Dysphoria.
- Hair transplantation.
- Lip augmentation.
- Lip reduction.
- Liposuction.
- Mastopexy.
- Pectoral implants for chest masculinization.
- Rhinoplasty.
- Skin resurfacing.
- Thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave (removal or reduction of the Adam's apple).
- Voice modification surgery.
- Voice lessons and voice therapy.

SECTION 14 – GLOSSARY

The term in Section 14, Glossary under the benefit category Gender Dysphoria has been added as follows:

Gender Dysphoria - A disorder characterized by the following diagnostic criteria classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.