

AFSC
Employee Benefit Plan
Summary Plan Description Addendum
Transgender Benefit

June 1, 2003

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INTRODUCTION

AFSC has incorporated the Transgender Identity Dysphoria Benefit into the AFSC Employee Benefit Plan (the "Plan") effective June 1, 2003.

This document sets forth the provisions which constitute the Transgender Identity Dysphoria Benefit and also serves as an addendum to the summary plan description. It is intended to help you understand your benefits. Please read it carefully. **Additional information is available by visiting the Harry Benjamin International Gender Dysphoria website at www.hbigda.org**

As used in this document, the word *year* refers to the *benefit year*, which is the twelve (12) month period beginning January 1 and ending December 31. All annual benefit maximums and *deductibles* accumulate during the *benefit year*. The word *lifetime* as used in this document refers to the period of time you or your eligible dependents participate in this Plan or any other plan sponsored by AFSC.

As used in this document, the term *Base Medical Plan* refers to the Employee Health Benefit Plan, administered by Aetna Life Insurance Company (Aetna), also known as the Aetna PPO Plan.

This addendum contains both ***Base Benefits*** and ***Surgical Rider Benefits***. ***Base benefits*** are covered under your Aetna PPO Plan and are subject to the limitations as described in that plan, ***Surgical Rider Benefits*** are covered as described in this addendum and are subject to the \$50,000.00 Lifetime Benefit Maximum and other limitations as described herein. Hospital, Laboratory and X-ray charges directly related to a covered surgical procedure are covered under the ***Surgical Rider Benefit*** and are subject to the maximum lifetime benefit of \$50,000.

Surgical benefits as described in this addendum are effective June 1, 2003. All claims for services related to Transgender Identity Dysphoria should be submitted to:

Beech Street Corporation
| Attn: PPO Operations
PO Box 57015
Irvine, CA 92619-7015

Benefits described in this addendum are not eligible for the AFSC Medical Continuation Coverage.

SECTION I—HEALTH BENEFITS SCHEDULES

A. Schedule of Medical Benefits

Annual Deductibles

Network

\$0	Individual
\$0	Family

Non-Network

\$100	Individual
\$300	Family

Lifetime Benefit Maximum (includes all other maximums):

Network/Non-Network

\$50,000	Per Individual, applies to surgical procedures only.
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The following schedule summarizes *co-payment* amounts paid by you, benefits paid by the Plan, benefit maximums, and additional explanation needed to help you understand your benefits. The Plan's payment of certain benefits will be subject to participant compliance with certain prerequisites outlined in the Health Care Management section of this Plan. Please refer to the rest of the document for additional Plan provisions that may affect your benefits.

The procedures and/or services included in this chart are derived from the Harry Benjamin International Gender Dysphoria Association's standards of care for Gender Identity Disorders, Sixth Version.

DESCRIPTION OF ELIGIBLE EXPENSE	*NETWORK BENEFIT	NON-NETWORK BENEFIT	Applies to Cap Yes/No	1 yr. Waiting period Yes/No	COMMENTS:
General Percentage Payment Rule	100%	80% of reasonable and customary allowance, after <i>deductible</i>			Generally, most eligible expenses are subject to the benefit payment percentage contained in this row, unless otherwise noted. This Special Comments section provides additional information and limitations about the applicable eligible expense, including the expenses that must be <i>pre-certified</i>
Inpatient Hospital Charges related to surgical procedures.	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Outpatient Hospital Charges related to surgical procedures.	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Lab & X-Ray charges related to surgical procedures.	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Psychotherapy					
Diagnosis of Gender Identity Disorder (GID)	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.

Counsel treatment options	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Psychotherapy for GID, Pre- and post-Surgery	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Diagnosis of co-morbidities	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Ascertain readiness for hormone therapy	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Document patient's relevant history in letter of recommendation	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Follow up to previously seen GID patients	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Hormone Therapy (pre and post surgery)					
Medication Monitoring	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Hormones and other drugs	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.

Negative Side effects of hormone therapy in biological males

Blood clotting (venous thrombosis w/ risk of fatal pulmonary embolism)	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Development of benign pituitary prolactinomas	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Weight gain	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Plan for coverage and benefit limitations.
Emotional lability	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Liver disease	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Gallstones	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Somnolence	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Hypertension	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.

Diabetes mellitus	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Infertility	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Negative side effects of hormone therapy in biological females					
Shift of lipid profiles to male patterns which increase risk of cardiovascular disease	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Benign and malignant liver tumors	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Hepatic dysfunction	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Emotional lability	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Acne	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.
Infertility	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	Refer to Schedule of Benefits for Base Medical Plan for coverage and benefit limitations.

Genital Surgery (male to female)					
Clitoroplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Labioplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Penile skin inversion	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Construction of artificial vagina with graft	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Bilateral orchiectomy	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Amputation of penis – complete	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Urethromeatoplasty w/ partial excision of distal urethral segment	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Plastic repair of introitus	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Adjacent tissue transfer of rearrangement for genitalia	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Vaginoplasty constructed with colon segment	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Coloprotostomy (low pelvic anastomosis)	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Unlisted procedure, female genital system for male to female.	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Non Genital Surgery (male to female)					
Reduction Thyroid Chondroplasty (Tracheal shaving)	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Augmentation mammoplasty	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Suction-assisted lipoplasty of the waist	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Rhinoplasty	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Facial bone reduction	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Face lift	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Blepharoplasty	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan

Voice modification surgery	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Genital Surgery (female to male)					
Hysterectomy	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Salpingo-oophorectomy	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Vaginectomy	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Urethroplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Colpectomy (removal of vagina)	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Colpectomy w/ hysterectomy	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Phalloplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Insertion of testicular expanders	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Replacement of tissue expander with permanent prosthesis	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Prosthesis testicular insertion	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Second stage phalloplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Modified abdominoplasty as part of phalloplasty	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Urethroplasty, one stage reconstruction of male anterior urethra	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Urethroplasty, reconstruction of female urethra	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Scrotoplasty, complicated	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Plastic operation of penis for injury – for glans formation	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Metoidioplasty procedure (clitoris repositioned to male anatomical position)	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Formation of direct or tubed pedicle w/ or w/o transfer	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Free skin flap w/ microvascular anastomosis	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Free fascial flap w/ microvascular anastomosis	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Nerve graft, single strand, arm or leg up to 4 cm length	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Nerve graft, single strand, arm or leg more than 4cm length	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Suture of major peripheral nerve, arm or leg, except sciatic including transposition	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Split graft, trunk, arms, legs, first 100 sq. cm or less	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	

Split graft, trunk, arms, legs, each addl. 100sq. cm	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Non-Genital Surgery (female to male)					
Mastectomy, Simple, complete	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Mastectomy, For gynecomastia	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Mastectomy, Scar revision	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Liposuction to reduce fat in hips, thighs, buttocks	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Cosmetic Chest Reconstruction	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan

Scheduled routine post-surgical Follow up	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Complications of Surgery that are a typical association of the surgery that will resolve in time w/o medically harmful results	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	
Complications of Surgery that are a typical association of the surgery that will NOT resolve in time w/o medically harmful results (e.g. stricture, infection, etc.)	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	
Complications that prevent functions the surgery was designed to achieve but for which complete restoration is medically contraindicated	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	
Complications that prevent outcomes in appearance the surgery was designed to achieve for which restoration is not contraindicated	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	
Complications that prevent outcomes in appearance the surgery was designed to achieve for which restoration is contraindicated	Base Benefit, 100%	Base Benefit, 80% of reasonable and customary allowance, after deductible	No	No	

Other Services					
Electrolysis or laser hair removal of skin graft.	Surgical Rider, 100% Subject to \$50,000 lifetime maximum benefit	Surgical Rider, 80% of reasonable and customary allowance, after deductible Subject to \$50,000 lifetime maximum benefit	Yes	Yes	
Other electrolysis or laser hair removal	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Vaniqa	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Voice Therapy/lessons	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Sperm procurement and storage in anticipation of future infertility	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Gamete preservation in anticipation of future infertility	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Cryopreservation of fertilized embryos in anticipation of future infertility	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan
Travel and lodging	Excluded	Excluded	N/A	N/A	Refer to Exclusion section of this addendum and the Base Medical Plan

NOTE: *Deductible(s), co-payment(s)*, expenses not covered and balanced billed charges do not apply toward the out-of-pocket maximum and are never paid at 100%.

SECTION II—ELIGIBILITY AND PARTICIPATION

A. Who Is Eligible

All regular Employees of American Friends Service Committee scheduled to work 21 hours or more per week and their eligible dependents who are covered under the eligibility provisions of the Basic Medical Plan and who meet the criteria contained in the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version. Any eligible participant or dependent under this plan must satisfy a waiting period of twelve (12) months of continuous coverage under the Basic Medical Plan before becoming eligible for surgical benefits. All other benefits are covered as in accordance with the eligibility guidelines of the basic medical plan.

SECTION III—HEALTH CARE MANAGEMENT PROGRAM

A. What Is Health Care Management?

Some studies indicate that a high percentage of the cost for health care services may be unnecessary. For example, *hospital* stays can be longer than necessary. Some hospitalizations may be entirely avoidable, such as, when *surgery* could be performed at an *outpatient* facility with equal quality and safety. Also, *surgery* is sometimes performed when other treatment could be more effective. All of these instances increase costs for *participants* and the Plan.

Your *employer* has contracted with Beechstreet in order to assist you in determining whether or not proposed services are appropriate and medically necessary.

B. Pre-certification

You are required to call Beech Street at 1-800-937-2277 as soon as you start or as soon as you anticipate starting any treatment connected with a Gender Identity Disorder. You will be assigned a Case Manager to assist you in meeting the requirements contained in the Harry Benjamin International Gender Dysphoria Association's Standards of Care.

When you call, it will be necessary to provide Beech Street Beechstreet with your name, the patient's name, the name of the *physician* and *hospital*, the reason for the hospitalization (if applicable) and any other information needed to complete the review.

Warning: Obtaining *pre-certification* of particular services does not guarantee that they will be reimbursed by the Plan. Benefits payments are subject to the eligibility and other coverage restrictions and limitations of the Plan.

C. Case Management

Case management is designed to help manage the care of patients anticipating treatment for Gender Identity Disorders. The primary objective of case management is to identify and coordinate cost-effective medical care alternatives meeting accepted standards of medical practice. Case management also monitors the care of the patient, offers emotional support to the family, and coordinates communications among *health care providers*, patients, and others.

NOTE: Case management is a voluntary service. There are no reductions of benefits or penalties if the patient and family choose not to participate.

SECTION IV—NETWORK PROVIDERS

A. What is a Network?

The *network* is a group of *physicians* and *hospitals* contracted with Beech Street to accept negotiated rates in an effort to reduce the effect of rising health care costs while providing you with quality care.

B. About the Network

The final choice of *health care providers* belongs to you and your dependents. However, if a *participant* receives services from a *health care provider* included in the *network*, the plan *co-insurance* and *deductible* will be waived which will decrease the amount the *participant* must pay.

The *network* benefits are outlined on the Schedule of Medical Benefits. All *network* and *non-network* plan maximums are combined.

C. Who are the Networks?

You may obtain more information about the *providers* in the *network* by contacting the *networks* by phone or by visiting their website.

Beech Street Network

Web Address:

www.beechstreet.com

Provider Information:

800-937-2277

SECTION V—MEDICAL BENEFITS

Any time accumulated toward satisfaction of a waiting period or pre-existing condition limitation under the Basic Medical Plan will be counted toward satisfaction of the surgical waiting period for this benefit.

This coverage will be provided in consultation with the patient and patient's attending *physician* and will be subject to *deductibles* and *co-payments* as stated in the Schedule of Benefits.

Your health benefits are affected by certain limitations and conditions which require you to be a wise consumer of health services and to use only those services you need. Also, benefits are not provided for certain kinds of treatments or services, even if your *health care provider* recommends them.

A. Basic Conditions

All medical benefits provided under this Plan must satisfy some basic conditions, including:

Medical necessity

Services or supplies which the *plan administrator* determines, in the exercise of its discretion, are generally acceptable by the national medical professional community as being safe and effective in treating a covered *illness* or *injury*, consistent with the symptoms or diagnoses, furnished at the most appropriate medical level and not primarily for the convenience of the patient, a *health care provider* or anyone else.

Experimental/investigative

The Plan does not provide benefits for expenses for treatments, procedures, devices or drugs that the *plan administrator* determines, in the exercise of its discretion, are experimental, investigative or done primarily for research. Treatments, procedures, devices or drugs are excluded under this Plan unless:

Approval of the U.S. Food and Drug Administration for marketing the drug or device has been given at the time it is furnished, if such approval is required by law; and evidence shows that the treatment, procedure, device or drug is not the subject of ongoing phase I, II or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with the standard means of treatment or diagnoses; and

Reliable evidence shows that the consensus of opinion among experts regarding the treatment, procedure, device or drug is that further studies or clinical trials are not necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with the standard means of treatment or diagnoses.

Reliable evidence includes anything determined to be such by the *plan administrator*, within the exercise of its discretion, and may include published reports and articles in the medical and scientific literature generally considered to be authoritative by the national medical professional community.

Health care providers

The Plan provides benefits only for covered services and supplies rendered by a *physician, practitioner, nurse, hospital* or *specialized treatment facility*.

Reasonable and customary

The plan only provides benefits for charges within the range of usual charges, called *reasonable and customary*, for a given service billed by *health care providers* in the locality and that are fair and appropriate in light of the time expended and services performed. Determination of the *reasonable and customary* amount for any given service, supply, or procedure is a discretionary decision of the plan. Charges or fees in excess of the reasonable and customary amount, as determined by the Plan, are your responsibility and do not count toward your annual out-of-pocket maximum on the Basic Medical Plan.

B. Deductibles

The *deductible* applies to certain eligible charges noted in the Schedule of Medical Benefits during a *benefit year* for each covered person. However, if a family has satisfied the maximum family *deductible* as stated in the Schedule of Medical Benefits during the same *benefit year*, no further *deductible* applies to any member of the family during the remaining *benefit year*. This is a separate deductible and does not count toward satisfaction of any deductibles contained in the Basic Medical Plan.

This amount will not accrue toward the 100% maximum out-of-pocket payment.

Family Deductible Limit. The family annual *deductible* is accumulated in the aggregate by you and your dependents. Once the family annual *deductible* has been met, the *deductibles* of all members of the family will be considered satisfied for that year. There is a separate deductible for the Transgender Benefit which does not count toward satisfaction of any deductibles contained in the Basic Medical Plan.

This deductible amount will not accrue toward the 100% maximum out-of-pocket payment.

C. Co-insurance

For eligible expenses incurred with a *non-network provider*, the Plan pays a specified percentage of eligible expenses at the *reasonable and customary* amount. In those circumstances, you are responsible for the difference between the percentage the Plan pays and 100% of the billed amount.

Co-insurance does not apply towards satisfaction of the out-of-pocket maximum.

D. Benefit Maximums

Total plan payments for each *participant* are limited to certain maximum benefit amounts. A benefit maximum can apply to specific benefit categories or to all benefits. A benefit maximum amount also applies to a specific time period, such as annual or *lifetime*. Whenever the word *lifetime* appears in this Plan in reference to benefit maximums, it refers to the period of time you or your eligible dependents participate in this Plan or any other plan sponsored by AFSC. The benefit maximums applicable to this Plan are shown on the Health Benefits Schedules.

E. Eligible Expenses

Subject to the limitations described in this document (including under Basic Conditions and the Health Benefits Schedules, above), eligible expenses will include the following services or supplies that are recommended by a *physician* and required for diagnosis and treatment of an *illness* or *injury*:

Hospital Expenses

The following expenses incurred at a *hospital*:

1. General nursing care, room and board, not to exceed the semi-private rate, if the *participant* is confined for at least twenty-three (23) consecutive hours.
2. *Physician's hospital* calls if the *participant* is confined for at least twenty-three (23) consecutive hours.
3. Pre-admission testing.
4. *Intensive care unit* and coronary care unit charges.
5. Miscellaneous services, supplies, and medicines (including prescription drugs) during a *hospital* confinement.
6. *Ambulatory surgical facility* services. Limited to services rendered within twenty-four (24) hours from and in connection with a surgical procedure, or within seven (7) consecutive days before the procedure in the case of diagnostic procedures, but not including services of a physician or private *nurse*.

Note: If you are treated at a *network* facility and the ancillary services are provided by *non-network providers*, charges will be considered at 100% of Usual and Customary.

Emergency Expenses

1. Treatment in a *hospital* emergency room or other emergency care facility for a *medical emergency* or *accidental injury*. If you are treated at a *network* facility and the ancillary services are provided by *non-network providers*, charges will be considered at the *network* level of benefit as described in the Schedule of Medical Benefits.
2. Licensed ambulance service (land or air) to transport the *participant* to the nearest *hospital* or emergency care facility, which is equipped to treat a condition that can be classified as a *medical emergency*.

Surgery Expenses

1. Surgeon's expenses for: immediate pre-operative examination, performance of the surgical procedure, and post-operative care required by and directly related to the procedure.
2. Assistant surgeon's expenses, limited to a rate equal to 20% of the maximum amount allowed the surgeon for the procedure(s).
3. Anesthetic services when performed by a licensed anesthesiologist or certified registered nurse anesthetist in connection with a surgical procedure.

Other Medical Expenses

1. *Physician* office visits.
2. Psychotherapy as recommended in the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version.
3. Hormone Therapy, as recommended in the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version.
4. Electrolysis or laser hair removal *from skin graft only*.
5. Medically necessary treatment necessary due to complications of covered surgical procedures.
6. Administration of anesthesia by an anesthetist.
7. Prescription drugs for recommended Hormone Therapy.

8. Diagnostic lab and x-rays. If lab and x-ray studies are sent to a *non-network provider* by a *network provider*, charges will be considered at the *network* level of benefit as described in the Schedule of Medical Benefits.

F. Expenses Not Covered

The Plan will not provide benefits for any services or supplies not listed in the Eligible Expenses section or Schedule of Medical Benefits, regardless of *medical necessity* or recommendation of a *health care provider*. The following list is intended to give you a general description of expenses for services and supplies not covered by the Plan. This list is not exhaustive and Expenses Not Covered as defined in the Basic Medical Plan also apply.

1. Services rendered by anyone other than a covered *health care provider*.
2. Treatment not prescribed or recommended by a *health care provider*.
3. Services rendered not recommended in the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version.
4. *Cosmetic surgery*, except as otherwise specifically provided herein.
5. Complications arising from any non-covered service or treatment.
6. Expenses for services received or supplies purchased outside the United States.
7. Expenses for services for personal hygiene, comfort, beautification or convenience items, even if deemed *medically necessary*, including, but not limited to, air conditioners, air purifiers, humidifiers, spas, hot tubs, whirlpool baths, waterbeds, swimming pools, or physical fitness equipment or programs.
8. Charges in excess of reasonable and customary amounts.
9. Care and treatment billed by a hospital for non-medical emergency admissions on a Friday or Saturday. This does not apply if surgery is performed within twenty-four (24) hours of admission.
10. Services, treatments, and supplies which are not specified as covered under this Plan.
11. Travel expense whether or not recommended by a *physician*, or travel expenses incurred by a *physician* attending a *participant*, except as otherwise specifically provided herein.
12. *Custodial care* and *inpatient* hospitalization for the purposes of convalescence.
13. Expenses for preparing medical reports or itemized bills, services for telephone consultations, expenses for failure to keep a scheduled visit or appointment.
14. Services, supplies, or accommodations provided prior to the *participant's* effective date or after the termination of coverage.
15. Services for which there is no legal obligation to pay, or charges which would not be made but for the existence of this benefit Plan.

SECTION VI—ADOPTION

A. Adoption

The *employer* hereby adopts the provisions of this addendum, and its duly authorized officer has executed this plan document and summary plan description effective the first day of June, 2003.

By: _____

Date: _____

Title: _____