

**FOURTH AMENDMENT TO THE  
MAY 1, 2020  
COMBINED SUMMARY PLAN DESCRIPTION AND  
PLAN DOCUMENT OF THE  
OHIO CONFERENCE OF PLASTERERS' & CEMENT MASONS'  
HEALTH & WELFARE PLAN**

**WHEREAS**, effective as of May 1, 2020, the Plan document of the Ohio Conference of Plasterers' & Cement Masons' Health & Welfare Plan (hereinafter, the "Plan") was amended and restated; and

**WHEREAS**, the right to further amend the Plan has been reserved to the Board of Trustees of the Plan and the Board of Trustees now desires to exercise such right; and

**WHEREAS**, the Board of Trustees have elected to amend the Plan to cover applied behavioral analysis for the treatment of autism spectrum disorder and the treatment of gender dysphoria if deemed medically necessary; and

**NOW THEREFORE**, the Board of Trustees hereby amends the Plan effective November 1, 2022, as set forth below:

**1. The Plan is hereby amended by adding the following new provision to the end of the Section entitled, "Basic Benefits," with such new provision entitled "Gender Dysphoria Treatment" and which shall set forth the Plan rules for the coverage of services used to treat gender dysphoria.**

**Gender Dysphoria Treatment.**

Effective October 1, 2022, the Plan shall cover medically necessary services for the diagnosis and treatment of Gender Dysphoria. For these purposes, Gender Dysphoria refers to the diagnosis of a condition that meets the criteria for "Gender Dysphoria" set forth in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition, and is described below.

- 1. Adults & Adolescents** – A condition associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning that manifests itself as a marked incongruence between one's experienced/expressed gender and assigned gender, of at least six (6) months duration, as manifested by at least two (2) of the following:
  - a) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  - b) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

- c) A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - d) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - e) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - f) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender difference from one's assigned gender).
2. **Children** – A condition associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning that manifests itself as a marked incongruence between one's experienced/expressed gender and assigned gender, of at least six (6) months duration, as manifested by at six (6) of the following (at least one of which is (a) below):
- a) A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
  - b) A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
  - c) A strong desire for the primary and/or secondary sex characteristics of the other gender.
  - d) A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
  - e) A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
  - f) A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender difference from one's assigned gender).
3. **Covered Services for the Treatment of Gender Dysphoria** – The following will describe the “medically necessary” services that are covered under the Plan to diagnose and treat gender dysphoria.
- a) Behavioral therapy (subject to any annual visit limitations imposed on similar therapy benefits for physical health);
  - b) Psychotherapy or other medically appropriate forms of counseling;
  - c) Hormone therapy (as described in greater detail below); and

- d) Certain medically necessary surgical procedures (as described in greater detail below).

**4. Gender Affirmation Surgery & Hormone Therapy** – Gender affirmation surgery and hormone therapy may be considered “medically necessary” when the patient meets following criteria are met and supporting provider documentation is provided. These conditions are in accordance with the criteria adopted by the World Professional Association for Transgender Health (“WPATH”) Guidelines.

- a) The patient is at least 18 years of age; and
- b) Has been diagnosed with gender dysphoria, including meeting all the following indications:
  - i. A strong conviction to live as some alternative gender different from one’s assigned gender (typically accompanied by the desire to make the physical body as congruent as possible with the identified sex through surgery and hormone treatment); and
  - ii. The affirmed gender identity has been present for at least six (6) months; and
  - iii. If significant medical or mental health concerns are present, they must be reasonably well controlled; and
  - iv. The gender dysphoria causes clinical or social distress or impairment in social, occupational, or other important areas of functioning.
- c) For those candidates without a medical contraindication, the candidate has undergone a minimum of 12 months of continuous hormonal therapy that is:
  - i. Recommended by a mental health professional; and
  - ii. Provided under the supervision of a physician and the supervising physician indicates that the patient has taken the hormones as directed;
- d) For candidates requesting female-to-male surgery, when the initial requested surgery is solely a mastectomy, the treating physician may indicate that no hormonal treatment is required prior to performance of the mastectomy. In this case, the 12-month requirement for hormonal treatment will be waived only when all other criteria set forth in this Section and elsewhere in the benefit plan are satisfied.
- e) The patient has completed a minimum of 12 months of successful, continuous, full-time real-life experience in their affirmed gender, with no returning to their gender assigned at birth. This requirement may be demonstrated by living in their affirmed gender while:
  - i. Maintaining part or full-time employment; or
  - ii. Functioning as a student in an academic setting; or
  - iii. Functioning in a community-based volunteer activity.

- f) If the patient does not meet the 12-month time frame outlined in Section (e) above, then the treating clinician must submit information indicating why it would be clinically inappropriate to require the patient to meet these criteria.

**5. Provider Documentation Criteria for Gender Affirmation Surgery & Hormone Therapy** – a letter from a “Qualified Health Provider” that sets forth the following:

- a) Whether the author is part of a gender dysphoria treatment team and/or follows current WPATH Standards of Care or Endocrine Society Guidelines for the evaluation and treatment of gender dysphoria;
- b) The initial and evolving gender, sexual, and other psychiatric diagnoses, including the results of the patient’s psychosocial assessment;
- c) The duration of the mental health professional’s relationship with the patient, including the type of evaluation and therapy or counseling to date;
- d) An explanation of the standard of care used to evaluate the patient and how the patient met the criteria set forth in that standard of care. The explanation should include a brief description of the clinical rationale for supporting the patient’s request for surgery or hormone therapy;
- e) A statement about the fact that informed consent has been obtained from the patient; and
- f) The degree to which the patient has followed the treatment and experiential requirements to date, the likelihood of future compliance, and the extent of the patient’s participation in psychotherapy through the 12-month real-life trial (but only if such therapy is recommended by a treating medical or behavior health practitioner).

For these purposes, a “Qualified Health Provider” means the patient’s established physician or a licensed behavioral health professional with an appropriate degree (e.g., Ph.D., M.D., L.C.S.W., Ed.D., D.Sc., D.S.W., psychiatric physician assistant, Psy.D., or psychiatric nurse practitioner under the supervision of a psychiatrist) that is competent in, and has clinical experience with, the diagnosis and treatment of gender dysphoria, including the evaluation of co-existing mental health concerns. In the event that a patient diagnosed with gender dysphoria is also diagnosed with a severe psychiatric disorder or impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), an effort must be made to treat and improve these conditions before surgery is contemplated.

**6. Covered Surgical Procedures** – When the above criteria are met, the following surgical procedures to treat gender dysphoria are considered “medically necessary” and therefore covered under this benefit. This list is not all inclusive and is subject to modifications consistent with the underlying medically accepted standards of care used to diagnose and treat gender dysphoria:

- a) Bilateral mastectomy or breast reduction (completion of hormone therapy prior to the breast procedure is not required if the mastectomy or breast reduction is performed as a stand-alone procedure without genital reconstruction);

- b) Clitoroplasty;
- c) Hysterectomy;
- d) Labiaplasty;
- e) Laser or electrolysis hair removal in advance of genital reconstruction prescribed by a physician for the treatment of gender dysphoria;
- f) Metoidioplasty;
- g) Orchiectomy;
- h) Penectomy;
- i) Penile prosthesis;
- j) Phalloplasty;
- k) Salpingo-oophorectomy (removal of fallopian tubes and ovaries);
- l) Scrotoplasty;
- m) Testicular prostheses;
- n) Urethoplasty (reconstruction of female or male urethra);
- o) Vaginectomy
- p) Vaginoplasty
- q) Vulvectomy

Certain ancillary procedures, including, but not limited to the following, are considered cosmetic and not “medically necessary” even when performed as part of a surgical treatment for gender dysphoria:

- a) Abdominoplasty;
- b) Blepharoplasty;
- c) Body Contouring (e.g., fat transfer, lipoplasty, panniculectomy);
- d) Breast enlargement, including augmentation mammoplasty and breast implants;
- e) Brow lift;
- f) Calf implants;
- g) Cheek, chin, and nose implants;
- h) Injections of fillers or neurotoxins;
- i) Face/forehead lift and/or neck tightening;
- j) Facial bone remodeling for facial feminization;
- k) Laser or electrolysis hair removal not related to genital reconstruction;
- l) Hair transplantation;
- m) Lip augmentation;
- n) Lip reduction;
- o) Liposuction;
- p) Mastopexy
- q) Pectoral implants for chest masculinization;
- r) Rhinoplasty;
- s) Skin resurfacing (e.g., dermabrasion, chemical peels, laser);
- t) Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave
- u) Voice modification surgery
- v) Voice lessons and voice therapy

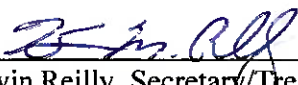
2. The Plan is hereby amended by removing, in its entirety, the exclusion in the Section entitled, "Exclusions and Limitations," which read, "Services and supplies primarily for educational, vocational, or training purposes, including, but not limited to, structured teaching, applied behavioral analysis, or educational interventions, except as expressly provided in the Anthem Benefit Booklet," and replacing that with the following exclusion/limitation:

- Services and supplies primarily for educational, vocational, or training purposes. However, this exclusion shall not apply to such services if the services are deemed medically necessary to treat autism spectrum disorder. Specifically, this exclusion shall not apply to coverage for applied behavioral analysis or structured teaching services for the purpose of treating autism spectrum disorder.

IN WITNESS WHEREOF, this Fourth Amendment has been executed this 14<sup>th</sup> day of October 2022 but is effective on November 1, 2022.

**BOARD OF TRUSTEES OF THE  
OHIO CONFERENCE OF PLASTERERS' & CEMENT MASONS'  
HEALTH & WELFARE PLAN**

**On Behalf of Employer Trustees:**

  
\_\_\_\_\_  
Kevin Reilly, Secretary/Treasurer

**On Behalf of Union Trustees:**

  
\_\_\_\_\_  
Charles Wanat, Chairman