



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

Healthcare and
Insurance

NOV 24 2014

Ms. Emily T. Prince, Esq.
[REDACTED]
[REDACTED]

FOIA: 2015-00122

Dear Ms. Prince:

This letter is the final response to your October 5, 2014, Freedom of Information Act (FOIA) request addressed to the Office of Personnel Management (OPM) seeking the following records:

1. Any and all documents received from insurance carriers in response to FEHB Program Carrier Letter 2014-17 ("Carrier Letter").

After a thorough review of the requested records, it has been determined that these records are exempt from release under 5 U.S.C. § 552 (b)(4). We are prohibited from releasing records that are confidential and/or contain proprietary information.

2. Any and all documents indicating which insurance plans will and will not remove the categorical exclusion for drugs, services, or supplies related to "sex transformation," including but not limited to summaries of plan responses, memoranda listing plan responses, and documents which specify aggregate numbers of plans maintaining and not maintaining the exclusion.

Summaries of FEHB plan responses, memorandums listing plan responses are part of the negotiation process and are exempt from release under 5 U.S.C. § 552 (b)(4). We are prohibited from releasing records that are confidential and/or contain proprietary information.

However we have enclosed a list of Federal Employees Health Benefits (FEHB) Program plans that will offer services and benefits for Gender Identity Disorder/Gender Dysphoria beginning 2015. These services and benefits vary by plan. Please visit the FEHB Program website at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/> and review the plan's brochure for the level of benefits offered.

Provisions of the FOIA allow us to recover part of the cost of complying with your request. In this instance, because the cost is below the \$25 minimum, there is no charge.

Ms. Emily T. Prince, Esq.

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The undersigned is responsible for the partial denial determination. You have the right to appeal this adverse determination. Should you wish to do so, you must send your appeal and a copy of this letter, within 60 days of the date of this letter, to:

U.S. Office of Personnel Management
Office of the General Counsel
1900 E Street, N.W.
Washington, D.C. 20415

Both the front of the envelope and the first page of your letter should be marked "FOIA Appeal." Copies of the FOIA regulations are available at www.opm.gov/efoia.

Sincerely,

A handwritten signature in black ink that reads "Alan P. Spielman". The signature is written in a cursive, flowing style.

Alan P. Spielman
Assistant Director for
Federal Employee Insurance Operations
Healthcare and Insurance

Enclosure

Federal Employees Health Benefits (FEHB) Program plans that will offer services and benefits for Gender Identity Disorder/Gender Dysphoria beginning 2015.

Plan	Code	State/Coverage Area	Brochure Section
Kaiser Northern California	59, KC	CA/Northern CA	5(b)
Kaiser Northern California-Fresno	NZ	CA/Fresno County	5(b)
Kaiser Southern California	62	CA/Southern CA	5(b)
Kaiser Georgia	F8	GA/Atlanta, Athens, Columbus, Macon, Savannah	5(b)
Kaiser Hawaii	63	Hawaii	5(b)
Kaiser Mid-Atlantic States,	E3	DC/Maryland/Northern VA	5(b)
Kaiser Foundation Health Plan of the Northwest	57	OR/Portland & Salem; WA/Vancouver & Longview	5(b)
Independent Health Association	QA, C5	NY/Western NY	
Aetna HDHP/Aetna Direct	22, N6	All States & DC	5(b)
Aetna CDHP/Aetna Value Plan	EP, F5, G5, H4, JS	All States & DC	5(b)
Aetna Open Access (Capital Region)	JN	DC, MD (Northern/Central/Southern) & VA (Northern/Central/Richmond)	5(b)
Aetna Open Access (National High/Basic)	JC, JR, P3	DE, NJ, NY, PA	5(b)
Aetna Open Access (National High Option Only)	2X, 2U, C3, HF, UB, WQ, YE	AZ, CA, GA, NV, PA, TN, WA	5(b)
Aetna Whole Health	ES, D9, J9, F7	TX, VA, WI	5(b)
Innovation Health Plan	LQ	Virginia (Northern)	5(b)