



INFORMED ON REFORM

KEEPING YOU UP-TO-DATE ON THE PPACA

A final rule on Section 1557 of the Affordable Care Act (ACA) was published by the Office of Civil Rights (OCR) in May 2016 to protect classes of individuals whose health coverage may not be denied, cancelled, limited or refused on the basis of race, color, national origin, sex, age, or disability. Among a wide range of requirements, this guidance specifically prohibits categorical exclusions and limitations on health care services related to gender reassignment, including gender reassignment surgery.

[This letter will be sent to our ASO clients with a 1/1 renewal date and fewer than 250 employees](#) to inform them, as self-funded plan sponsors, that the benefit structure of their plans is impacted by this final ruling. The OCR commented that it may refer nondiscrimination matters related to Section 1557 to the EEOC (Equal Employment Opportunity Commission), which enforces discrimination violations under federal employment law, including Title VII of the Civil Rights Act of 1964. In response to the final rule, the EEOC indicated that self-funded plans could be subject to the same nondiscrimination obligations. Therefore, Cigna will remove gender reassignment surgery exclusions in self-funded plans.

With that, our self-funded clients can choose to retain the exclusions, and simply need to give Cigna their request in writing. A decision to continue to exclude gender reassignment surgery services should be carefully made after reviewing the ACA requirements with their legal counsel.

Cigna sales representatives will share this letter with non-1/1 renewing, and any larger sized ASO clients as they see necessary. If you have any questions about the requirements or Cigna's approach with self-funded plans, please contact your Cigna sales representative.

Thank you

Together, all the way.®

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