

Filing Instructions for Gender Dysphoria and Gender Affirming Care Coverage Individual and Small Group Plans for Colorado PY2026

August 15, 2025



COLORADO
Department of
Regulatory Agencies
Division of Insurance

PURPOSE

The purpose of this document is to provide guidance on the Gender Dysphoria Template filing procedures to ensure that submissions are properly completed. These instructions, along with the associated template, can be accessed on the DOI website on the [ACA Annual Filing Information](#) page and scroll down to ACA Annual Filing Types dropdown to [Behavioral Health Annual Filings](#).

APPLICABILITY

These instructions are intended for carriers, including health maintenance organizations, offering individual and small group health benefit plans, both on or off the exchange, in Colorado with an effective date of January 1, 2026.

SERFF FILING SUBMISSION REQUIREMENTS & DEADLINE

The Gender Dysphoria Template must be filed through SERFF to the DOI **no later than September 19, 2025**. Any questions on the filings should be sent to the Division's Behavioral Health Team at dora_ins_behavioral_health@state.co.us.

Filing Type: Choose "Annual Gender Dysphoria Filing", only one box should be checked before proceeding.

Implementation Date: "On Approval"

Requested Filing Mode: "File and Use"

Filing Description: Please insert statement: "PY2026 Annual Gender Dysphoria Filing."

Supporting Documentation Tab:

- Gender Dysphoria Reporting Template: The template must be in **Excel format** only when filed in SERFF under the Supporting Documentation tab heading: "Gender Dysphoria Reporting Template."
- Consumer-facing Formularies - PDF: Please upload the company's formularies in **PDF format** referenced in Column F of the Hormone Therapy worksheet.

GENDER DYSPHORIA TEMPLATE AND ATTACHMENTS

1. Gender Dysphoria Service Coverage Template:

Carriers are required to:

1. Submit one (1) completed Gender Dysphoria Service Coverage Template for each applicable market (Individual, Small Group) by the specified due date in the "Supporting Documentation" Tab in SERFF.
2. Complete both the "Hormone Therapy" and "Surgical Procedures" worksheets in the template (discussed in Sections 1A and 1B below).

1A. Hormone Therapy Worksheet:

1. Column A - Hormone Type (no action is required by carrier in this column)

Medications are organized by hormone type

- a. Feminizing hormones: estrogen, progesterone, anti-androgen, testosterone, and puberty blockers
- b. Masculinizing hormones: testosterone
- c. Puberty blockers

2. Column B - Prescription Medication

Common medications are pre-populated in the template. Two (2) additional rows labeled "Other: Please specify -" are provided for each hormone type should the carrier need to add additional medications. If there are no additional medications to add, these rows should remain blank. Additional rows may be added if more than the two (2) provided are needed.

3. Column C - Coverage

Indicate if the prescription medication is covered for the medically necessary treatment of gender dysphoria. Select "Yes" or "No" from the embedded drop-down list. This column is required and must be completed for each listed medication. If the answer is "No" for the medication, no further columns should be completed for that line item. If the answer is "Yes," columns D-I must be completed.

4. Column D - Brand or Generic

If the medication name in column B is not inclusive of all brand and/or generic names covered by the carrier, the carrier should list additional applicable names in this cell. This column may remain blank if no additional names need to be listed.

5. Column E - Benefit Placement

Indicate what benefit the prescription medication is covered under by utilizing the embedded drop-down list:

- a. Pharmacy benefit
- b. Medical benefit
- c. Other

If Other is selected, the carrier shall provide additional information in column J with reference to column E indicated.

6. Column F - Formulary/Medical Policy

For medications covered under the pharmacy benefit, provide the URL link(s) to the applicable published formulary(es). For medications covered under the medical benefit, provide the URL link to the applicable medical policy/guideline. For medications covered under "Other," provide the URL link to the applicable coverage policy/guideline.

7. Column G - Age Restriction

Indicate applicable age restrictions by making a selection from the embedded drop-down list:

- a. No age restriction
- b. At least 18 years of age
- c. Other

If “Other” is selected, the carrier shall provide additional information in column J with reference to column G.

8. Column H - Prior Authorization

Indicate if prior authorization applies by making a selection from the embedded drop-down list:

- a. Yes
- b. No
- c. Limited - prior authorization applies only in certain circumstances

If “Limited” is selected, the carrier shall provide additional information in column J with reference to column H.

9. Column I - Maintenance Lab

Indicate if there is coverage for maintenance lab testing as clinically indicated the medication by making a selection from the embedded drop-down list:

- a. Yes
- b. No

10. Column J - Other/Limited

If Other or Limited was selected in column E or H provide additional information in this column by:

- a. Indicating the letter of the column referenced (e.g. E:), and
- b. Providing a brief explanation following the colon

11. Column K - Notes

This column is provided for additional commentary if needed. It is not mandatory.

1B. Surgical Procedures Worksheet

1. Column A - Genre (no action is required by carrier in this column)

Procedures are organized in the following manner:

- a. General
- b. Breast/Chest Surgery (Male to Female)
- c. Genital Surgery (Male to Female)
- d. Non-Breast/Chest Surgical Interventions (Male to Female)
- e. Breast/Chest Surgery (Female to Male)
- f. Genital Surgery (Female to Male)
- g. Non-Genital, Non-Breast/Chest Surgical Interventions (Female to Male)
- h. Other procedures

2. Column B - Procedures

Common procedures are pre-populated in the template for each category. An additional section, “Other Procedures (Please specify),” is available at the bottom of the template for adding procedures not already identified. Additional rows may be added if more than the five (5) provided are needed. If there are no additional procedures to add, these rows should remain blank.

3. Column C - Coverage

Indicate if the surgical procedure is covered for the medically necessary treatment of gender dysphoria by selecting "Yes" or "No" from the embedded drop-down list. This column is required and must be completed for each listed procedure. If the answer is "No," no further columns should be completed. If the answer is "Yes," column D must be completed.

4. Column D - Age Restriction

Indicate applicable age restrictions by making a selection from the embedded drop-down list:

- a. No age restriction
- b. At least 18 years of age
- c. Other

5. Column E - Other

If Other is selected in Column D, the carrier shall provide additional information in column E

6. Column F - Notes

This column is provided for additional commentary if needed. It is not mandatory.

2. Attachments:

Carriers must submit a copy of the plan's applicable formulary(ies), as provided to covered persons, in PDF format, by the specified due date in the "Supporting Documentation" Tab in SERFF. The formulary(ies) shall correspond to those referenced in column F of the Hormone Therapy Worksheet (see instructions in Section 1A).