

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF WISCONSIN

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ALINA BOYDEN, et al.

Plaintiffs,

Case No. 17-cv-264

v.

STATE OF WISCONSIN DEPARTMENT  
OF EMPLOYEE TRUST FUNDS, et al.,

Defendants.

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**DECLARATION OF ALINA BOYDEN**

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I, Alina Boyden, do hereby declare:

1. I am a 34-year-old Anthropology Ph.D. candidate at the University of Wisconsin-Madison. I began my graduate education at UW-Madison in 2013 and completed my master's degree in May of 2015.

2. I am a woman who is transgender, meaning that while I was assigned the male gender at birth, my gender identity is female.

3. I have been employed by UW-Madison as a graduate student employee from August 2013 to the present. As an employee of UW-Madison, I am eligible for health insurance coverage through the State of Wisconsin Department of Employee Trust Funds ("ETF").

4. I have received several fellowships and scholarships to support my work at UW-Madison, including support from the federal Foreign Language and Areas Students Program and from the University of Wisconsin LGBT Campus Center. I

have also served on the Ad-Hoc Committee on Equal Health Care, a faculty shared governance committee.

5. On or about December 1, 2015, I filed a complaint with the Equal Employment Opportunity Commission (“EEOC”) against UW-Madison for discriminating against me on the basis of sex by offering health insurance that excludes coverage for transgender individuals.

6. On or about March 10, 2016, I amended my EEOC complaint to add ETF as a respondent.

7. On or about October 7, 2016, I amended my EEOC complaint again to also add my health insurance administrator, Dean Health Plan, Inc. (“Dean”), as a respondent.

8. On or about May 17, 2016, I requested pre-approval for surgical treatment of gender dysphoria, or gender confirmation surgery (“GCS”), from Dean. I requested this surgery (a vaginoplasty) because of the dysphoria I continue to experience because my body does not conform in certain respects with my female gender identity. I also requested this surgery because it would reduce the risk to me from continuing to take high dosages of hormone therapy.

9. On May 19, 2016, my primary care physician, Dr. Bryan J. Webster, wrote a letter in support of my desire and need to undergo GCS. Dr. Webster noted that he has been working with me for over two (2) years and prescribing hormone therapy to treat my gender dysphoria; however, he noted that high dosages of medication had been necessary to keep my testosterone levels anywhere close to an

appropriate level, but had been insufficient to get my levels to the point where they should be. He recommended GCS instead of continuing to try to manage my levels with hormone therapy.

10. Dean denied my request for coverage for GCS on May 20, 2016, so I initiated a grievance with Dean on June 6, 2016 and requested that Dean reconsider its denial of coverage for GCS.

11. On July 8, 2016, Dean upheld its denial of coverage, citing the following exclusion from Plan Benefits: “Procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment.”

12. Approximately one (1) week later, in mid-July 2016, the Group Insurance Board (“GIB”) amended the ETF state insurance plan policy to begin providing coverage for transition-related care beginning in January 2017.

13. I was very happy and relieved about this change, as I believed it meant that I would get the gender-affirming healthcare I needed. Because of the change, I again requested pre-approval for GCS from Dean on or about October 20, 2016.

14. Dean denied my request, stating that the change did not become effective until January 1, 2017. As a result, I asked my doctor to put in a request to Dean for coverage for surgery as soon after January 1, 2017 as possible. Shortly after the New Year, I contacted my doctor to see if her office had made the request and learned that my doctor had requested pre-approval for a vaginoplasty from Dean on January 3, 2017.

15. Both of the doctors who provided me care in 2016 and 2017 referred me to a surgeon for medically necessary GCS and have written letters supporting my need for gender confirming surgical procedures.

16. Dean denied my request in a letter dated January 10, 2017, although I did not receive the letter until the third week of January. Once I received this denial, I requested a grievance hearing and asked both my doctors to request peer-to-peer reviews regarding Dean's decision.

17. On February 15, 2017, I met in person with Dean representatives to discuss my grievance.

18. Dean upheld its denial in a letter dated February 21, 2017, citing the reinstatement of the coverage exclusion, Dean Health Plan Medical Policy MP9469, and an external review of my case conducted by a Board Certified Plastic Surgeon.

19. Because I do not have enough money to pay for GCS, I have not been able to obtain GCS in the absence of health insurance coverage.

20. Not being able to undergo the necessary GCS to treat my gender dysphoria has been painful and difficult for me. I experience distress and feel shame about my body. In addition, I must take unusually high levels of spironolactone and another medication to reduce the testosterone in my body to the appropriate level for a woman, which causes a number of unpleasant and potentially risky side effects all of which would be eliminated with GCS.

21. In addition to the distress I experience from the incongruence of my body, it is painful for me to miss out on dating and other things I'd like to do in life because of my discomfort with others seeing my body.

22. In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 6 day of June 2018.

  
Alina Boyden