Log on to the website for your insurance company and downloading your personal:

- **Summary of Benefits and Coverage**  aka: quick guide to costs
- **Certificate of Coverage**  aka: “Summary Plan Description” or “evidence of coverage.” Should be a 30+ page .pdf

You can also call your insurance to ask these questions. This is easier for costs, but it is common for phone representatives to know nothing about transgender-specific coverage, and there is no guarantee that you are getting accurate responses from them. If you do try to learn about trans coverage this way, try calling back and asking the same questions to multiple representatives. For more step by step help with insurance, go to: [https://video.transcendlegal.org/](https://video.transcendlegal.org/)

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Does my certificate of coverage say that transgender surgery is covered?

- Get to this section by searching the document for “gender” and “sex.” It will tell you what your support letters need to say for surgery to be approved.
- If this section says transgender surgery is not covered, or that the specific procedures you want are cosmetic, it could be illegal discrimination.
- If there is no section making a statement either way, your surgeon can put a test claim through to see what happens

   - [ ] YES
   - [ ] No information
   - [ ] Not covered, I need to look into local laws and advocates

What co-pays do I have for consultations with surgeons? Is there a hospital co-pay?

What amount is my deductible, the costs I am expected to pay for surgery before my plan starts paying anything?

Do I then have a co-insurance, or a portion of costs I pay after I meet the deductible?

What is the out-of-pocket-maximum, or the limit on costs I pay in a plan year?

Do I have out-of-network benefits? Are the deductible or out-of-pocket maximum separate for out-of-network providers?

What is the date every year that my deductible and out-of-pocket maximum reset?

www.HealthyTrans.com