



A Guide to Verifying Gender Affirming Surgery Benefits

- Please be aware that before your first appointment with Dr. Bluebond-Langner, you need to verify that your health insurance plan covers gender affirming surgery benefits.
- Take the time to **check your benefits!** This is vital. Having accurate information helps avoid any surprise costs, charges or cancellations.
- Log on to your insurance company's portal in order to get the most accurate information. Then download your **Summary of Benefits and Coverage** and **Certificate of Coverage** (This might also be called **Summary Plan Description** or **Evidence of Coverage**. **Refer to important note below**).
- **Important note:** The documents mentioned above (**Summary of Benefits and Coverage**, etc.) are specific to your personal health plan. Asking a friend with the same insurance company or Googling the name of your insurance company and "transgender surgery" will not give you accurate information! Most insurance companies have a variety of different plans with different benefits. As a result, you need to verify the specific benefits for your plan.
- Review your certificate of coverage by searching for "gender" or "sex." This search should lead you to a section on gender affirming surgery **benefits (or exclusions)**.
- If this section states that gender affirming surgery is covered, it should explain requirements for your surgery to be approved. For example, hormones, support letter details, etc.
- You can also call the number on the back of your insurance card and ask about gender affirming surgery benefits. To make sure you get accurate information, we recommend calling multiple times and speaking to a few different representatives. Make sure you write down the name of each representative you speak with. And always make sure that you ask for a call reference number for your records!



Questions to Ask Your Health Insurance Company

Below is a list of questions you need to get answers to. Do this either by reviewing the **Summary of Benefits and Coverage** and **Certificate of Coverage**, or by calling your insurance plan and speaking to a representative. You need to do this before your consultation at NYU Langone:

1. Do I have gender affirming surgery benefits?
2. What are my **co-pays** for consultations and office visits with surgeons? Is there a separate hospital co-pay?
3. What is my **deductible**? Is there a different deductible for hospital stay and for seeing providers?
4. Do I then have **co-insurance**?
5. What is my **out-of-pocket maximum**?
6. Is Dr. Bluebond-Langner an **in-network/par** provider?
 - Am I able to see **out-of-network/non-par** providers and do I have out-of-network/non-par benefits? Is there a deductible or out-of-pocket maximum separate for out-of-network/non-par providers?
7. Do I need a **referral** to see a specialist?
8. What is the date every year that my deductible and out-of-pocket maximum reset? Is this a calendar year (January 1 to December 31) or a plan year (date range determined by plan)?

If Dr. Bluebond-Langner is not an in-network (or non-par) provider:

- If Dr. Bluebond-Langner is not in your insurance network, the cost of your consultation will be \$262.50. Payment will be due at the time of this consult.
- Call our office at **646-501-4449** if you have any questions after speaking to your insurance plan. Feel free to call our office with any questions you may have.



Health Insurance Terms Explained

- **Benefits** - Services that your insurance plan agrees to cover and provide payment for.
- **Certificate of Coverage** - This document is also called “Summary Plan Description” or “Evidence of Coverage.” It explains all benefits covered and excluded in your plan.
- **Co-pay** - What you pay each time you see a specific provider or specialist.
- **Deductible** - The costs you are expected to pay each year before your insurance plan starts paying for services.
- **Exclusions** - Services that are not covered by your insurance plan.
- **In-network/par** - A provider or health care facility that has a contract with your insurance plan.
- **Out-of-pocket maximum** - The limit on costs you pay in a year.
- **Out-of-network/non-par** - A provider or health care facility that does NOT have a contract with your insurance plan.
- **Referral** - A document from your primary care provider that indicates that you need to see a specialist for a certain number of visits. Some insurance plans require that you to have a referral before you see a specialist.
- **Summary of Benefits and Coverage** - A quick guide to your insurance plan’s benefits, coverage and costs.

Additional Resources

- [Transgender Legal Defense & Education Fund \(TLDEF\) - Trans Health Insurance Tutorial](#)
- [Transcend Legal YouTube Videos “Trans Insurance Roadmap”](#)
- [out2enroll - Transgender Health Insurance Guides by State](#)

This guide was created by HealthyTrans and NYU Langone Health.