Gender Affirmation Coverage

Frequently Asked Questions (FAQ)

Overview

Everyone experiences gender in their own unique way, and our Gender Affirmation coverage will help you live as your true self. This coverage can help support you through your gender affirming journey.

What’s covered?

- Basic surgical procedures not available under your provincial or territorial health care plan. Examples include the reduction of the Adam’s apple and voice surgery. (See detailed list of procedures covered on page 2.)
- Additional coverage for surgical procedures to align feminine or masculine features to the affirmed gender, such as facial bone reduction, cheek augmentation or adding pectoral implants.
Eligible procedures

**CORE**
- breast augmentation / augmentation mammoplasty
- thyroid chondroplasty
- laryngoplasty
- permanent hair removal (laser or electrolysis) for pre-surgical areas
- hysterectomy
- vaginectomy
- salpingo-oophorectomy
- chest contouring / chest masculinization
- implantation of penile and/or testicular prostheses

**ENHANCED**
- permanent hair removal (laser or electrolysis) for excessive facial or body hair
- brow bone reduction
- jawbone reduction/reshaping/contouring
- rhinoplasty, blepharoplasty and rhytidectomy
- liposuction of the waist
- gluteal augmentation (lipofilling or implants)
- hairline reconstruction to correct a receding hairline
- brow bone construction
- chin and cheek augmentation
- rhinoplasty and blepharoplasty
- chest contouring (liposuction/lipofilling) and pectoral implants

Sun Life reserves the right to modify the above list of eligible expenses in the event there is a change in the list of procedures covered by any of the gender affirmation programs in a province or territory.

What isn’t included in my Gender Affirmation coverage?

- These costs aren’t covered by your plan’s Gender Affirmation coverage:
  - procedures payable or available under the medicare plan in your province or territory
  - travel or accommodation expenses
  - reversal of gender affirmation procedures
  - sperm preservation or cryopreservation of fertilized embryos and procedures related to fertility problems caused by gender affirming treatment and/or surgical care.*

How much coverage do I have?

- Your maximum coverage limits are outlined in your benefits booklet. Please refer to that or call us at 1-800-361-6212.

Who’s eligible for this coverage?

- This coverage is for all plan members, including eligible dependents.
- To be eligible the minimum age is 18 and requires a diagnosis of gender dysphoria from a doctor.
  If these conditions are met, we’ll review the application for individual consideration.
- All procedures must be performed in Canada to be eligible for reimbursement.

How do I apply for coverage?

- Call us at 1-800-361-6212 for a Gender Affirmation application.
- The person transitioning, and their doctor must fill out the form and send it to us for review. You can do this by mail to the address on the form. Sun Life will reply with their decision in writing.
Are other expenses related to gender affirming care covered?

- You may have other expenses, for drugs or paramedical services, related to gender affirming care. These may be covered under your Extended Health Care benefit. Some expenses may also be covered under your Health Spending Account. You can check your benefits booklet or call us at 1-800-361-6212 to confirm your coverage.

How do I submit Gender Affirmation claims?

- You can submit Gender Affirmation claims by mail. Simply complete a Gender Affirmation claim form and mail it to Sun Life. You can get personalized claim forms from our Customer Care Centre.
- Remember to include original receipts when you submit your claim.

Questions?

If you have any questions about your Gender Affirmation benefit, call us at 1-800-361-6212.

* If your group benefits plan includes Fertility services, this may be covered under a separate maximum. See your benefits booklet or call us at 1-800-361-6212 to confirm your coverage.