

UNIVERSITY OF MICHIGAN HEALTH PLAN COVERAGE FOR GENDER-AFFIRMING SERVICES

U-M [Health Plans](#) cover many medically necessary gender-affirming services for transgender members.

Gender Reassignment, Mastectomy, Hormone Therapy and Counseling Services

U-M Health Plans cover medically necessary genital surgery for gender reassignment, mastectomy in female-to-male transition, hormone therapy and counseling services. Applicable co-pays, deductibles and coinsurance are based on the member's plan selection. There are no plan maximums for these services.

Facial Feminization, Chondrolaryngoplasty and Facial Hair Removal

U-M Health Plans cover certain facial feminization procedures, chondrolaryngoplasty (Adam’s apple reduction) and facial hair removal (face and neck) when medically necessary to treat gender dysphoria, up to a \$30,000 lifetime plan maximum. For services to be covered, the member must meet medical necessity criteria.

Included procedures*	Excluded procedures
<ul style="list-style-type: none"> • Forehead contouring/reconstruction • Mandible contouring/reconstruction • Rhinoplasty • Genioplasty • Blepharoplasty • Lip lift via alar base excision • Chondrolaryngoplasty 	<ul style="list-style-type: none"> • Rhytidectomy • Otoplasty • Lip enhancement (filler, vermillion augmentation) • Hair transplantation/hairline repositioning • Dermabrasion • Chemical peel • Collagen injections
<p><i>*When medical necessity is established.</i></p>	

Facial feminization surgeries, chondrolaryngoplasty and facial hair removal require prior authorization and may be considered medically necessary for members who meet all of the following criteria:

- The member has persistent, well-documented gender dysphoria manifested by clinically significant distress and by significant functional impairment. This assessment has been made via a detailed psychological assessment and documented by a mental health professional (either psychiatrist, PhD-prepared clinical psychologist or master’s-level clinician who is licensed to practice independently in their state).
- The member is 18 years of age or older.
- The member has the capacity to make a fully informed decision and to consent for treatment.
- If significant medical or mental health concerns are present, they must be controlled.

Facial feminization surgeries and chondrolaryngoplasty additionally require that members meet both of the following criteria:

- 12 continuous months of hormone therapy (estrogen), unless there is a medical contraindication to hormonal therapy
- 12 continuous months of living as a woman

Changing Name or Gender in the U-M Human Resources System

Transgender employees who need to change their gender or legal name in the U-M Human Resources system should use this link (ssc.umich.edu/human-resources/personnel-changes-par/) and select “Address or Personal Data Changes” to access the eForm and directions for submission to the Shared Services Center.

Fertility Preservation

Transgender members have access to coverage for [fertility preservation](#) if medical or surgical interventions related to their transition could result in infertility. Fertility preservation services are covered only when received at the [Michigan Medicine Center for Reproductive Medicine](#).

Access to Providers

U-M Health Plans require prior authorization and the use of in-network providers for coverage of gender-affirming services. Michigan Medicine is the only provider in the U-M Health Plan networks in Michigan that performs most of these covered services. Treatment at Michigan Medicine is coordinated through the [Comprehensive Gender Services Program](#).

Standards of Care

The university’s coverage of gender-affirming services follows [standards defined by the World Professional Association for Transgender Health \(WPATH\)](#) whenever possible. As WPATH issues new standards over time, the university may re-evaluate coverage and medical necessity criteria, as needed.