

Gender identity benefit - Enhanced



Your scheme includes gender identity benefit which provides benefit for the treatment of gender dysphoria. Gender dysphoria is a sense of unease where a person experiences discomfort or distress because there's a mismatch between the sex assigned to them at birth and the gender with which they identify.

To make a claim for gender identity call us on: 0800 056 4458. Calls may be monitored and/or recorded. Please keep this document in a safe place and read it in conjunction with your member literature. If you have any questions about your benefit, please contact us.

In the UK, support for individuals with gender dysphoria is through specialist Gender Identity Clinics.

Benefits

Counselling is available to members aged 12 and over. All other treatment is only available to members aged 18 and over, except the wig benefit which has no minimum age requirements.

- Counselling for acute mental health conditions related to gender identity through the mental health provider
- Assessment with a gender identity specialist
- Initiation of hormone treatment and consultations to monitor you for up to two years
- Consultations with a hormone specialist if required to re-stabilise medication
- Female to male genital surgery
- Male to female genital surgery
- Mastectomy and creation of a male chest
- Breast augmentation and creation of a female chest
- Facial feminisation surgery, including Adam's Apple shaving
- Facial masculinisation surgery, including Adam's apple enhancement
- Voice surgery
- Voice therapy, up to 20 sessions in total while a member of the scheme
- Hair transplantation, up to £30,000 in total while a member of the scheme
- Hair removal, up to £20,000 in total while a member of the scheme
- Wig, up to £100 in total while a member of the scheme.

You don't need to see a GP before making a claim for gender dysphoria, just contact us on the number at the top of this document before starting treatment. If you're claiming for counselling, we'll pass you through to our third party mental health provider who'll arrange the most appropriate treatment for your condition. For all other treatments, we'll check that the provider meets our clinical professional requirements.

What is not eligible for benefit

- We don't provide benefit for any other treatment related to gender dysphoria
- We don't provide benefit for the reversal of any previous gender affirmation surgery.

Things to consider when claiming gender identity benefit

- You don't need to see a GP before making a claim. However, if starting feminising or masculinising hormone therapy your NHS GP will need to sign up to a shared care agreement to ensure appropriate clinical monitoring is in place should your benefit end.
- During hormone treatment, regular blood tests will be required. With a shared care agreement, your GP will usually be able to support you in receiving blood tests closer to home. If you can't obtain blood tests through your GP, we'll provide benefit for the cost during the two year monitoring period. We don't provide benefit for the cost of the hormones themselves, these will be issued by prescription through your NHS GP.
- There are very few private providers of specialist services for gender dysphoria so you may have to travel for treatment. Please speak to our claims team on the number at the top of this document for further information.
- You may have to pay bills for specialist services up front and seek reimbursement from Aviva. You will need to keep your bills for treatment and our claims team will advise you where to send them when you contact Aviva to claim.
- If you're already under the care of an NHS Gender Identity Clinic, switching to private care may not be clinically appropriate and we strongly suggest you speak to your treating clinicians and our claims team before making a decision.
- Female to male genital surgery takes place over multiple stages and will require multiple hospital stays. Please be aware that you're covered for treatment that takes place while you're a member of the scheme. This means that if you leave the scheme before all your surgeries are complete, you'll need to self fund any remaining surgery that hasn't yet taken place.
- 11 year olds and under should seek advice from their GP, there is no benefit for this age group.

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