



# Be yourself

Transgender and gender-affirming benefits and services from Aetna<sup>®</sup>





## Transgender and gender-affirming benefits and services from Aetna®

Your Aetna benefits provide coverage for medically necessary services. Coverage is generally based on the **Standards of Care** published by the World Professional Association for Transgender Health (WPATH).

This guide can help you understand your benefits and how to use them. It also includes information on how to find doctors, hospitals and other services, and receive coverage for your treatment costs. Share this information with your doctors so they're aware of your benefits and coverage.



### Eligibility

Gender-affirming surgical procedures and other services are considered medically necessary and are covered for employees, spouses/domestic partners and dependents diagnosed with gender dysphoria and enrolled in the Healthy Focus medical plans. Members must be age 18 or older to undergo chest and genital surgery. Parental consent is not required for mental health services or office visits. For all other procedures, parental consent is required for members under age 18. Other coverage criteria include:

#### Breast/chest surgery

- Diagnosis of gender dysphoria; must be persistent and well-documented
- Referral letter from a qualified mental health professional
- Capacity to make a fully informed decision and consent to treatment
- Age 18 years or older
- Confirmation that any significant medical or mental health concerns are reasonably well-controlled
- For breast augmentation, completion of six months of feminizing hormone therapy prior to surgery, unless hormone therapy is not desired or medically contraindicated

#### Genital surgery

- Diagnosis of gender dysphoria; must be persistent and well-documented
- Referral letter from a qualified mental health professional
- Capacity to make a fully informed decision and consent to treatment
- Age 18 years or older
- Confirmation that any significant medical or mental health concerns are reasonably well-controlled
- 12 months of continuous hormone therapy as appropriate for your gender goals, unless hormone therapy is not desired or medically contraindicated
- For genital reconstruction, 12 months of living in a gender role that is congruent with your gender identity (real-life experience) prior to surgery

For the transgender and gender-affirming benefits, a mental health professional is defined as any master's degree-level or above mental health practitioner.

**Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).**

## Covered services

Your Aetna® plan covers surgical procedures and other services, including facility and anesthesia charges related to surgery. All procedures and services must be medically necessary and follow plan requirements. Contact your Aetna One® Advisor team at **1-800-843-9126 (TTY: 711)** for more information.

The following is a list of covered surgical procedures and other services.

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### Top surgery

- Adjustment of prostheses
- Bilateral mastectomy
- Breast augmentation
- Breast removal/reduction (mastectomy)
- Chest reconstruction
- Nipple reconstruction
- Pectoral implants
- Scar revision

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### Bottom surgery

- Clitoroplasty
- Hysterectomy
- Labiaplasty
- Metoidioplasty
- Nullification
- Oophorectomy (ovariectomy)
- Orchiectomy
- Penectomy
- Phalloplasty
- Scrotoplasty
- Testicular/penile implants
- Urethoplasty
- Vaginectomy
- Vaginoplasty

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### Fertility

- Advanced reproductive technologies
- Comprehensive infertility
- Fertility preservation

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### Hormone therapy

- Hormone therapy
- Puberty blockers

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### Hair removal

- Electrolysis (body, facial, genital)
- Laser (body, facial, genital)

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### Vocal services

- Vocal coaching/therapy

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### Hair augmentation

- Hairline advancement
  - Hair grafts/micrografts
  - Wigs/cranial prosthesis
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### Facial procedures

- Adam's apple surgery
- Blepharoplasty
- Bone reshaping/brow lift
- Chemical peel
- Chin augmentation (genioplasty)
- Chondrolaryngoplasty
- Dermabrasion
- Facelift
- Facial bone reconstruction
- Facial bone reduction
- Forehead augmentation
- Jaw enhancement
- Lip reduction/enhancement
- Lipofilling/collagen
- Liposuction
- Rhinoplasty
- Voice surgery

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### Body procedures

- Abdominoplasty
  - Body contouring/liposuction
  - Butt lift
  - Calf implants
  - Excessive skin removal
  - Lipofilling
  - Necklift
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### Mental health services

Aetna medical plans cover associated mental health visits the same as any other service under your medical plan benefits.

### Prescription drugs

Coverage for prescription drugs associated with gender-affirming treatment is available under your prescription drug benefit. Call Express Scripts® at **1-877-223-4721** for details.

## You'll share in the costs

### Here's what you'll pay for transgender and gender-affirming surgical services

Office visits, including mental health visits, will be covered the same as any other office visit.

#### In- and out-of-network care

You must meet your annual deductible first, then your coinsurance will apply. Check your plan documents for details.

#### Out-of-network doctors and hospitals usually cost more

That's because out-of-network doctors and hospitals set their own rates to charge you. These rates may be higher — sometimes much higher — than what your Aetna® plan recognizes or allows. Your doctor may bill you for the dollar amount the plan doesn't recognize.

You'll also pay a higher deductible and a higher coinsurance percentage than with network providers. Plus, no dollar amount above the recognized charge counts toward your deductible or out-of-pocket limits. This means you're fully responsible for paying everything above the amount the plan allows for a service or procedure.

## Travel and lodging

Your plan includes travel and lodging benefits in cases of network deficiency. If covered services are not available from a network provider within 100 miles of your home, the following travel and lodging expenses are covered under the plan:

- U.S. domestic travel and lodging expenses for you and one companion, to travel from your home to receive the covered services from a network provider (coach class air fare, train or bus travel are examples of covered services)
- A maximum lodging benefit of \$50 per person per night, up to a total maximum lodging benefit of \$100
- A total maximum travel and lodging benefit of \$2,500 per year

Travel and lodging services as they relate to transgender services require prior approval from Aetna.

## Get plan approvals when required

Your Aetna plan will cover certain services, such as surgery, only if approved up front. This approval is called precertification.

#### Here's what we look for when reviewing a request

First, we check to see that you're still a member and make sure the service is considered medically necessary.

Our decisions are based entirely on appropriateness of care and service and the existence of coverage, using nationally recognized guidelines and resources.

We also look to see if you qualify for one of our care management programs. If so, an Aetna nurse may contact you.

Precertification doesn't verify if you have reached any plan dollar limits or visit maximums for the service requested. So even if you get approval, it's not a guarantee of coverage.

## Staying in network makes sense

- **Value:** Your plan includes negotiated discounted rates. Plus, network doctors and hospitals won't bill you for costs above the plan's recognized or allowed amounts for covered services.
- **Confidence:** You get access to quality care from the Aetna network.
- **Simplicity:** Your network doctor takes care of the paperwork for you, such as getting plan approvals and submitting claims.



For help finding network doctors, call your Aetna One® Advisor team at **1-800-843-9126 (TTY: 711)**.

### How to request precertification

#### In network

Your network doctor or specialist will take care of this for you. Please give the required mental health professional letters to your doctor at the time of your consultation.

#### Out of network

If you go outside the network, you must request precertification yourself. You'll need to provide certain required information when you submit your request. Call your Aetna One Advisor team at **1-800-843-9126 (TTY: 711)** to get started.

## How to file a claim for payment

### In-network

Your network doctor or specialist will submit any claims for you. After we process the claim, we'll send you an Explanation of Benefits (EOB) statement. Your doctor may also send you confirmation of our payment along with any outstanding amount you owe, such as your deductible.

### Out-of-network

Out-of-network doctors are not obligated to submit a claim for you, so you may have to do this yourself. After we process the claim, we'll send you an Explanation of Benefits (EOB) statement. Your doctor may also send you confirmation of our payment along with any outstanding amount you owe.


This amount may include your deductible, your percent share of the costs, and the difference between the plan's allowed or recognized amount and the provider's actual charge.

If you need to submit a claim yourself, you can download a claim form from your member website:

1. Log in at **Aetna.com**.
2. Click **Support** at the top of the page and then select **Forms** to access the claim form.

Or call your Aetna One® Advisor team at **1-800-843-9126 (TTY: 711)** and ask the representative to mail you a claim form.

### Submit your claim form by mail, fax, online or email:

- **Mail:** If there's no mailing address on the form, send it to us at the address on your Aetna® ID card.
- **Fax:** Use the fax number on the form.
- **Online:**
  1. Log into your member website at **Aetna.com**.
  2. Click **Claims > Submit Claim** and follow the instructions.
- **Email:**
  1. Scan the completed claim form, and save it to your computer.
  2. Log in to your member website at **Aetna.com**.
  3. Click  in the upper right corner to begin an email.
  4. Attach the claim form to the email.



If you need help submitting your claim, call your Aetna One Advisor team at **1-800-843-9126 (TTY: 711)**.

## Tips to get the most from your benefits

1. **Ask questions.** If you have any questions about transgender and gender-affirming services, claims or the precertification process, call your Aetna One® Advisor team. Or contact us through your member website at [Aetna.com](https://www.aetna.com).
2. **Know the steps.** Some services require recommendations from mental health professionals, which you'll need to get before you contact a surgeon. See the **Eligibility** section to learn more.
3. **Stay in the network and save.** In-network providers can help you save on your share of the costs. You can ask your doctor to recommend a provider. Use our provider search tool on [Aetna.com](https://www.aetna.com) to confirm that the doctor or hospital is in the network. Or call your Aetna One Advisor team if you need help finding in-network providers.
4. **Ask about costs if you go outside the network.** If you prefer to use an out-of-network provider, ask about costs so you can estimate your share up front. You can also call your Aetna One Advisor team for help getting cost information. Please don't sign any private payment forms, or we won't be able to help you with pricing. Even with our help, you may still pay more if you go outside the network.
5. **Get plan approvals when required.** Be sure to have Aetna® precertify services before you receive care. This is required. Network doctors will precertify services for you. If you go outside the network, call your Aetna One Advisor team to get started.
6. **Get to know WPATH at [WPATH.org](https://www.wpath.org).** It's also a good idea to become familiar with the WPATH Standards of Care. Your Aetna coverage is generally based on these standards.

Aetna One Advisor team: **1-800-843-9126 (TTY: 711)**



### Transgender Support Center

This center offers members special resources and helpful information for all phases of their journey. This includes:

- Access to a dedicated transgender care personal navigator who specializes in transgender and gender-affirming benefits and services
- Tools to help find gender-affirming medical care and mental health providers
- Cost information and benefits explanations

To access the Transgender Support Center, log in at [Aetna.com](https://www.aetna.com) and choose **Health & Wellness** from the menu, then click **Transgender Support Center**. Or call your Aetna One Advisor team at **1-800-843-9126 (TTY: 711)** to be transferred to a transgender care personal navigator.



Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

[Aetna.com](https://www.aetna.com)

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