Inclusive Care program guide

Empathetic, equitable, and effective healthcare for the LGBTQ+ community



Anthem

leidos

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Nearly **25 million adults** in the U.S. identify as part of the LGBTQ+ community.[1]



Yet **21% avoid or postpone seeking healthcare** out of concern about being mistreated, harassed, or denied service outright.[2]



Anthem Blue Cross and Blue Shield's Inclusive Care program was created to connect members of the LGBTQ+ community with doctors and specialists familiar with and sensitive to their needs. This tailored approach links individuals who have an Anthem health plan to the Leidos Employee Assistance Program; offers behavioral health case management; provides digital resources; and, most importantly, **ensures that care is equitable**.

Health concerns faced by the LGBTQ+ community include:[3]

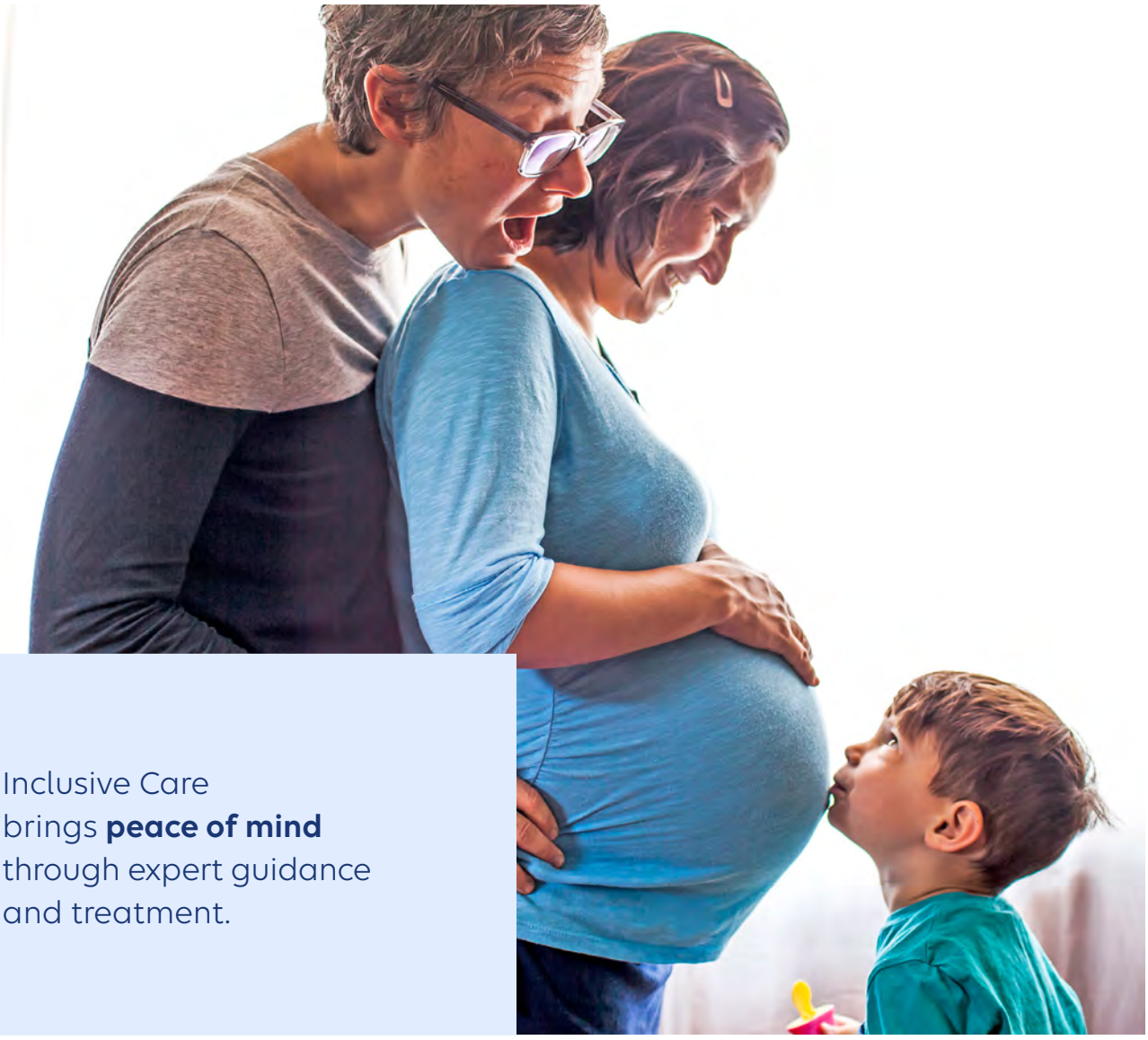
- Discomfort at wellness exams
- Side effects of hormone treatments
- A higher risk of various cancers and chronic conditions[4]
- Behavioral health conditions related to:
  - Sexual orientation
  - Gender identity
  - Acceptance, bullying, and discrimination, as well as related social and financial hardships
- Options for human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) prevention drugs

Inclusive care for everyone

The Inclusive Care program focuses on health from all angles — addressing physical, behavioral, and social needs.

Our concierge-level team is committed to helping you find:

- Physical and behavioral health services and support
- Specialty care, including hormone therapy, HIV, AIDS, and sexually transmitted infection (STI) treatments
- Educational resources and tools for members of the LGBTQ+ community and their families
- Guidance and support through gender affirmation surgery



Inclusive Care brings **peace of mind** through expert guidance and treatment.

Inclusive Care gender affirmation surgery support

Gender affirmation surgery can be a challenging journey. The Inclusive Care program can help with:

- Advocacy and guidance
- A registered nurse to answer questions, address concerns, and refer you to specialists in your plan's network and community resources
- Behavioral health support, including counseling services, helpful websites, and educational materials
- Virtual visits with doctors and therapists
- Treatments through our partnering centers for gender health

Virtual Second Opinion

Anthem's Virtual Second Opinion program enables Leidos employees or covered family members to receive a second opinion from an expert regarding hormone therapy or gender affirmation surgery.

The Virtual Second Opinion process starts with a thorough review of your care plan by board-certified specialists and the Anthem Inclusive Care team. You will have the opportunity to discuss concerns, receive a full explanation of surgical options available, and secure access to the right treatment plan.[5]



Gender-affirming surgery and services

Your Anthem health benefits include coverage for gender-affirming medical treatment. These benefits are generally based on standards of care published by the World Professional Association for Transgender Health (WPATH).[6]

Our goal is to partner with transgender and gender-diverse people to holistically address your social, mental, and medical health needs and well-being, while respectfully affirming your gender identity.[6]

General eligibility for gender-affirming medical treatment

You're covered for gender-affirming medical treatment if you're a Leidos employee, spouse or domestic partner, or dependent who is enrolled in an Anthem medical plan. You must also:

- Be age 18 or older with a diagnosis of gender incongruence.[7] This means that the term used to describe your gender is different than the one used when you were born. The diagnosis must be documented by a clinician who is experienced in care for transgender or gender-diverse people.
- Be able to give informed consent and understand the risks and benefits of treatment.
- Be free of any physical or mental health condition that will interfere with your ability to follow postoperative treatment, both short- and long-term.
- Have consistently used gender-affirming hormone treatment for at least six months, unless you can't for medical reasons, it's not necessary, or not desired.
- Have begun your social transition. This can mean a name change, pronoun change, or communication of affirmed gender identity to others. Otherwise, you must have your clinician's agreement that it's not necessary, such as in the case of nonbinary gender identity.

Additional requirements for gender-affirming surgeries

All surgeries require preapproval, and requirements vary by procedure type.

Chest, facial, voice, and certain body procedures

This can include breast augmentation, chest reconstruction or mastectomy, facial feminization surgery, liposuction, voice surgery, thyroid cartilage reduction, gluteal augmentation, or hair reconstruction. Refer to the "Covered Services" section for additional information.

In addition to the general eligibility criteria, you must:

- Have documentation that any significant medical or mental health conditions are reasonably well controlled
- Provide one referral letter from a qualified mental health professional who has independently assessed you



Internal reproductive surgeries

This can include hysterectomy, salpingo-oophorectomy, ovariectomy, or orchiectomy. Refer to the "Covered Services" section for additional information.

In addition to the general eligibility criteria, you must:

- Have a documented diagnosis of gender dysphoria for at least two years, when applicable under WPATH criteria.
- Complete at least 12 months of continuous hormone therapy, when recommended and medically appropriate, unless you are unable or unwilling to take hormones.
- Provide two referral letters from qualified mental health professionals who have independently assessed you. If one referral is from your therapist, the second must come from a care provider whose role was evaluation only. Two separate letters — or one letter signed by both care providers — are required.

Genital reconstructive surgeries

This can include metoidioplasty, phalloplasty, vaginoplasty, penectomy, clitoroplasty, labiaplasty, vaginectomy, scrotoplasty, urethroplasty, or placement of testicular prostheses. Refer to the "Covered Services" section for additional information.

In addition to the general eligibility criteria, you must:

- Have a documented diagnosis of gender dysphoria for at least two years, when applicable under WPATH criteria.
- Complete at least 12 months of continuous hormone therapy, when recommended and medically appropriate, unless you are unable or unwilling to take hormones.
- Provide documentation of at least 12 months of living in your affirmed gender across a range of life settings, when required under WPATH criteria.
- Provide two referral letters from qualified mental health professionals who have independently assessed you. If one referral is from your therapist, the second must come from a care provider whose role was evaluation only. Two separate letters — or one letter signed by both care providers — are required. See page 12 to learn how to collect this information.

Covered services

When the criteria on pages 6 and 7 are met, the following surgical procedures are covered:[8]

Chest, facial, voice, and certain body procedures

- Bilateral mastectomy or breast reduction
- Blepharoplasty (eyelid surgery)
- Breast enlargement, including augmentation mammaplasty and breast implants
- Facial bone remodeling for facial feminization
- Laser or electrolysis hair removal (face and body)
- Liposuction (suction-assisted lipectomy)
- Pectoral implants for chest masculinization
- Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple)
- Voice therapy and laryngoplasty (voice modification surgery)
- Additional procedures when reconstructive criteria are met

Internal reproductive surgeries and procedures

- Hysterectomy (removal of uterus)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)

Genital reconstructive surgeries

- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Metoidioplasty (using the clitoris to create a penis)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Scrotoplasty (creation of scrotum)
- Testicular prostheses
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Vulvectomy (removal of vulva)

Mental Health Services

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

Additional services not listed in this guide may also be covered. For information about covered services and your specific benefits, please call your Anthem Family Advocate at **833-549-1179**.

Anthem Family Advocates connect you to Inclusive Care

Your Anthem Family Advocate is your healthcare ally who gets to know you and understands your needs. They're also specially trained in gender-affirming care and offer additional support through the Inclusive Care program.

They can help you:

- Find care providers in your plan's network who specialize in gender-affirming care
- Learn about recommended procedures and medicines
- Receive referrals and preapproval requests for procedures
- Make the most of your benefits
- Lower your out-of-pocket costs
- Navigate your physical health, mental health, and specialty care
- Know your options for advocacy, education, and family support
- Locate community resources

Call your Anthem Family Advocate before you receive care so they can help support you every step of the way. To begin, call **833-549-1179**, Monday through Friday, 8 a.m. to 8 p.m. ET.

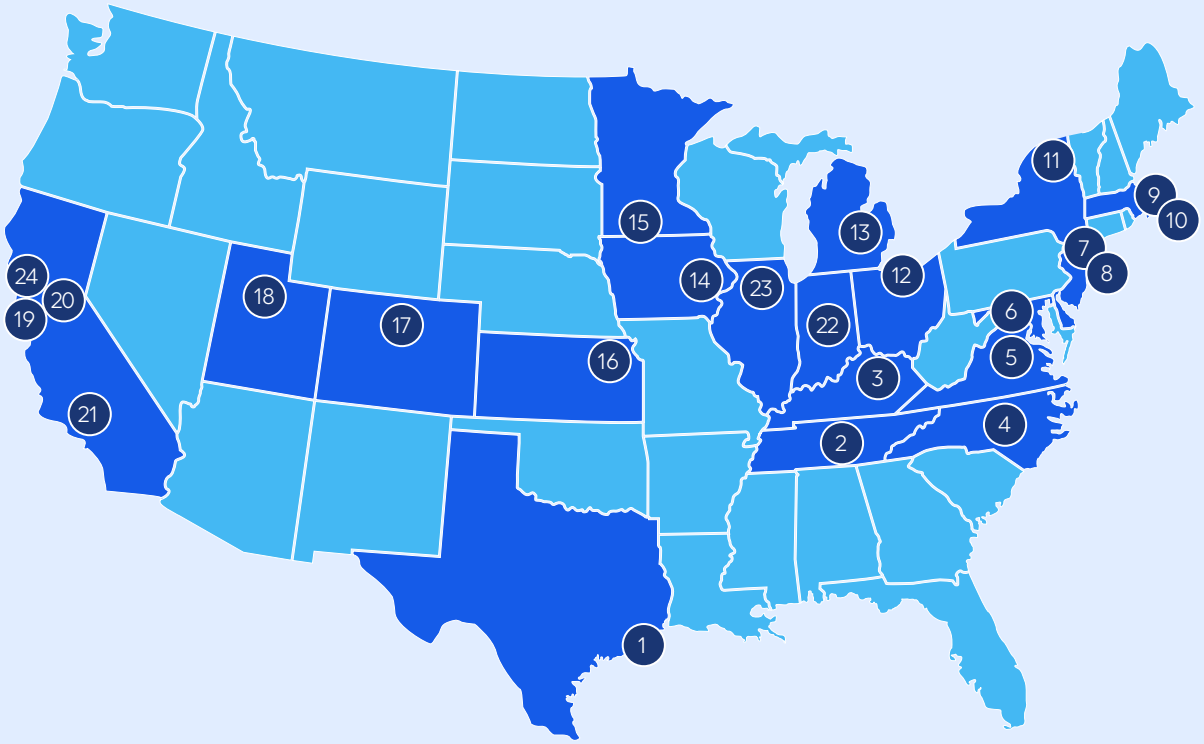
Surgery at a center recognized for gender health

Our partnerships with these centers for gender health give Leidos employees and their covered family members the information, support, expertise, and confidence to make the best decisions for their individual case.

Anthem's Inclusive Care team ensures eligibility and makes recommendations for a center of gender health whose expertise best addresses the individual's needs.[9]

Travel benefits are available if there is no in-network provider within 75 miles of the member's home.[10]

Partnered locations for gender affirmation surgery



1. University of Texas Health – Houston
2. Vanderbilt University
3. University of Kentucky
4. University of North Carolina
5. University of Virginia
6. Johns Hopkins
7. NYU Langone
8. Mount Sinai
9. Boston Children's Hospital
10. Boston Medical Center
11. SUNY Upstate – Syracuse
12. Cleveland Clinic
13. University of Michigan
14. University of Iowa
15. Mayo Clinic – Minnesota
16. University of Kansas Health System
17. University of Colorado
18. University of Utah
19. UCSF
20. Stanford Health
21. UCLA
22. IU Health, Riley Children's Health, and Eskenazi
23. Rush University
24. Crane Center

Concierge travel service

Our medical travel partner removes the burden of arranging travel to and from one of our partnered centers for gender health.[9] Our travel partner will help arrange airfare and hotel accommodations for the member and one travel companion, as needed.

When employees travel to one of our partnered centers for gender health, major medical expenses are covered with a few exceptions.

Covered travel expenses

Economy-class travel and accommodations for the employee and one travel companion are covered; limitations may apply. If you have any questions, please call your Anthem Family Advocate at **833-549-1179**.

Employee responsibility

Please check your Benefit Booklet for coverage details.

The employee is responsible for:

- Personal expenses such as meals, internet access, telephone bills, entertainment, valet parking, and laundry services
- Travel upgrades, including air ambulance travel

IRS guidelines on medical travel

The Internal Revenue Service (IRS) establishes limits on certain medical travel expenses that may be provided on a nontaxable basis. This program covers eligible medical travel expenses only up to the applicable IRS maximums and does not cover amounts exceeding those limits.

Covered expenses include:

- Patient and companion transportation, including one checked bag, car service, and gas, subject to applicable IRS rules
- Lodging outside a medical facility up to $50 each night, or up to $100 each night when traveling with an eligible companion



How to access care

Contact Member Services at the phone number on your member ID card as early as possible so we can help you navigate through this process. Many doctors who treat patients for related services, such as cosmetic work, may not contract with insurance companies but may still be considered in your plan's network.

We can give care providers who aren't familiar with insurance practices the appropriate guidance. We'll also coordinate care to help make sure all involved parties communicate and work together.

Our industry experience and broad network reach mean we have contacts who can assist with claims and billing, locating services, and continuity of care.

We also strive to continually improve our processes through direct and honest member feedback. To help us, please schedule a follow-up meeting with Member Services 4 to 6 weeks after any surgery to discuss outstanding claims or concerns.

Requesting an authorization

Preapproval, or preauthorization, is required for all transgender and gender diverse surgeries. Since surgeries may be spaced out over a long period of time, we recommend that you keep a binder with your letters, medical records, and appointment information. An authorization request should include:

- The member's name
- The member's date of birth
- Member identification (ID) number
- Group number
- Planned procedure date
- Care provider name, location, and contact information
- Provider tax ID number
- National provider identifier (NPI) number
- Name, location, contact details, and tax ID number of the facility where the service will be performed
- Procedure and diagnosis codes
- A description of the service, if there are unlisted codes
- Letters, medical records, or supporting documents to fulfill the criteria for the surgery needed (may include the most recent surgeon/doctor notes with the planned procedure codes they are requesting preapproval or preauthorization for; the last office visit notes; or something that would have patient history, exams, and the treatment plan or assessment for the procedure)
- Referrals from qualified mental health specialists — one or two, depending on the procedure

If the care provider requires guarantee of payment at a discounted rate, they will need to request a letter of agreement (LOA) when the preapproval or preauthorization is initiated.



Referral letters

Some gender-affirming surgeries require referral letters from qualified mental health professionals. The number of letters depends on the type of surgery.

For breast or chest surgery

You'll need one referral letter from a qualified mental health professional who has independently assessed you.

For genital surgery

You'll need two referral letters from qualified mental health professionals who have independently assessed you.

- If one letter comes from your therapist, the second must come from a care provider whose role was evaluation only.
- You may submit two separate letters or one letter signed by both care providers (for example, if they practice in the same clinic).
- Each letter must address the required WPATH criteria.

At least one of the professionals writing your letter must:

- Hold a doctoral degree, such as a PhD, MD, EdD, DSc, DSW, or PsyD; or
- Hold a master's-level degree in a clinical behavioral health field, such as MSW, LCSW, nurse practitioner, licensed professional counselor, or marriage and family therapist, and be qualified to evaluate and assess mental health conditions

What should be included in referral letters?

Referral letters should confirm that you meet the criteria for surgery and provide important background information to support your request.

Each letter should include:

- Basic identifying information about you
- A summary of your mental health evaluation, including any relevant diagnoses
- How long you've worked with the mental health professional and the type of support or evaluation they've provided
- Confirmation that you meet the criteria for the requested surgery, along with a brief explanation supporting the recommendation
- Confirmation that you've given informed consent and understand the risks and benefits of surgery
- A statement that the care provider is available to coordinate care and can be contacted if needed

What is a qualified mental health professional?

- Licensed clinical psychologist
- Licensed clinical social worker (LCSW)
- Licensed professional clinical counselor (LPCC)
- Licensed mental health counselor
- Marriage and family therapist (MFT)
- Licensed psychiatrist





Expected time frames

- You can expect 1 to 12 sessions with a behavioral health specialist before obtaining a referral letter.
- It takes about 4 to 6 weeks to get a review for preapproval or preauthorization completed once we have all the required documents for a surgery.
- Most surgeons will have a waiting list of 1 to 8 months for a surgery date.
- It takes about four weeks to process a claim, if we have all the details we need and an authorization on file.
- Preapproval or preauthorization can be started as early as nine months before the procedure date.

Extra support when you need it

Along with your Anthem Family Advocate, find support through:

- The Sydney® Health app or anthem.com, which offer support anywhere, anytime. Find benefit information and doctors, check costs, and chat with your Anthem Family Advocate or a registered nurse.

  Scan the QR code to download Sydney Health.

- Your Clinical Advocate team, which is made up of registered nurses and other care providers who:
  - Help you and your family manage health conditions
  - Work with your doctors on treatment plans and health goals
  - Provide clinical support to help you reach and maintain your well-being goals
  - Help remove mental, physical, financial, and emotional health barriers to care
  - Educate you on treatment options

Your Anthem Family Advocate can help connect you with a Clinical Advocate, or call **833-549-1179**, Monday through Friday, 8 a.m. to 8 p.m. ET.



1 Gay and Lesbian Alliance Against Defamation: *Accelerating Acceptance 2025* (June 4, 2025): glaad.org.
2 Center for American Progress: *The LGBTQI+ Community Reported High Rates of Discrimination in 2024* (March 12, 2025): americanprogress.org.
3 American Cancer Society: *Cancer Facts & Figures 2024: Special Section — Cancer in People Who Identify as Lesbian, Gay, Bisexual, Transgender, Queer, or Gender-nonconforming* (January 17, 2024): cancer.org.
4 American Cancer Society Journals: *Cancer in people who identify as lesbian, gay, bisexual, transgender, queer, or gender-nonconforming* (September 1, 2024): acsjournals.onlinelibrary.wiley.com.
5 Virtual Second Opinion is an educational, not a medical, consultation. Doctor-patient relationships are not created through this process.
6 Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB, et al.: *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health* (September 15, 2022): tandfonline.com/doi/full/10.1080/26895269.2022.2100644.
7 Coverage for adolescents ages 13 to 17 with gender incongruence is available when additional criteria are met.
8 Please see Summary Plan Description or contact your Anthem Family Advocate for more details on the current coverage criteria and covered services. Coverage determinations will be based on current Anthem clinical guidelines.
9 Check anthem.com to make sure the listed locations for gender health are in your plan's network.
10 Our concierge travel service is only available when the treatment has been preapproved by Anthem and is at one of the listed centers for gender health we are partnered with.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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Through our Inclusive Care program, Anthem is transforming LGBTQ+ healthcare to be **more compassionate**, **more inclusive**, **more specialized**, **and more focused** on whole-body health.

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