Your Aetna® gender-affirming and non-binary health resources guide

Table of contents

Introduction

This guide describes the benefits available through your Aetna® medical plan to support gender-affirming and non-binary community members and their unique challenges, such as gender dysphoria. It includes information on how to access doctors, hospitals and other services, and receive coverage for your health expenses.

Truist offers comprehensive medical plans and programs with inclusive health and well-being benefits. In addition to preventive and basic medical care, your Aetna plan covers mental well-being services, medication, hormone therapy and surgery.

Support resources

Personal navigator

It's important to find providers you're comfortable with and who understand your unique needs. Keep in mind that your mental well-being is also a key part of your transition.

You'll have access to a transgender care personal navigator who has the specialized training required to provide you with dedicated support, such as:

- Helping you find valuable resources, such as financial assistance and clinical support
- Explaining your plan benefits and helping you find providers
- Reviewing your claims and answering any claims questions you have

Call 1-888-402-1229 (TTY: 711) to be referred to a transgender advocate or log in to your member website at Aetna.com.

Finding a provider

It's important to choose a provider who's experienced in gender-affirming and non-binary health care and who understands your personal health needs. That way, you'll feel comfortable being open and honest with them.

If you want to see who's in the network, log in to your member website at Aetna.com to search for gender-affirming and non-binary affirming/supporting providers.

You can enter search terms such as LGBTQ+, gender identity, gender-affirming surgery and gender confirmation surgery.

For help finding a provider, call your Aetna Service Advocate at 1-888-402-1229 (TTY: 711).

Aetna Health℠ app

Search for providers on the go with the Aetna Health app. Scan the QR code to download.

Mental well-being

Having coverage that supports your transition is exciting. But the transition process can be complicated and have an emotional impact on you and your family and friends. Rest assured, your benefits include personalized mental health services. Here are some of the programs available to you.

ComPsych® GuidanceResources® Worldwide

Employee Assistance Program (EAP)

GuidanceResources highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression or stress
- Grief, loss and life adjustments
- Relationship conflicts

As a covered teammate, spouse, domestic partner or dependent, you have access to this service at no additional cost for up to five sessions per issue per year.

To learn more, call 1-877-369-1785 or visit GuidanceResources.com.

Teladoc HEALTH

Your Aetna® telemedicine partner

Teladoc Health offers phone and video consults with mental health professionals for depression, mental health challenges, family difficulties and more. There's no cost if you're in the EPO or PPO plan. If you're in the HDHP, the cost is subject to your deductible and coinsurance.

Visit Teladoc.com/truist, call 1-855-835-2362, or download the Teladoc Health app.

Calm

Calm app

Discover the power of the Calm mobile app. It can help you get better sleep, lower stress and have less anxiety.

Calm's hundreds of guided meditations, a library of Sleep Stories, breathing programs, gentle stretching exercises and exclusive music tracks target relaxation, focus and sleep — just what you need for resilience in the workplace.

The app is available at a discounted rate to Truist teammates through Teammate Discounts. Search for "meditation" to find the Calm offer.

Mental well-being continued

AbleTo

Virtual counseling

AbleTo is a personalized eight-week program that lets you work with a therapist and behavior coach by phone or video chat. They can provide support tailored to the unique needs of LGBTQ+ members.

There's no cost for the sessions if you're in the EPO or PPO plan.
If you're in the HDHP, there's no cost once you meet your deductible.

Visit AbleTo.com/aetna or call 1-855-773-2354.

aetna®

Mental health providers

Find in-network mental health providers by logging in to your member website at Aetna.com. You can enter search terms, such as LGBTQ+ and gender identity. Many network mental health providers offer telehealth options in addition to in-person visits.

If you need help finding the right resource for you, call your Aetna Service Advocate at **1-888-402-1229 (TTY: 711)**.

Physical health

Medication and hormone therapy

Medication and hormone therapy are covered under the Truist medical plan for members age 18 and older. For members under age 18, hormone drugs are covered under the prescription drug plan. Coverage includes specialty drugs for adolescents to delay puberty and non-specialty drugs for any age.

It's important to talk to your health care provider before taking hormones to understand the side effects and what to look out for while taking them. Your doctor may order lab tests to monitor your hormone levels.

Covered gender-affirming transition medications include:

- **Testosterone and estrogen therapies**, which are usually covered under the prescription drug plan and do not require precertification.
- **Progestins**, which include drugs covered under the prescription drug and medical plans. Those covered under the prescription drug plan, such as Depo-Provera®, do not require precertification. Those covered under the medical plan are subject to Aetna clinical criteria.
- **Gonadotropin-releasing hormone analogs and antagonists**, which include drugs covered under the prescription drug and medical plans. Those covered under the prescription drug plan are subject to precertification. Those covered under the medical plan, such as Lupron Depot® and Supprelin® LA, are subject to Aetna clinical criteria.

Pre-exposure prophylaxis (PrEP) is also covered under the prescription drug benefit. PrEP is an HIV prevention method in which people who don't have HIV take HIV medicine to reduce their risk of getting HIV if they're exposed to the virus. Eligible HIV prevention medication (PrEP) and associated lab tests are covered at 100% every three months at any network lab or pharmacy.

Physical health continued

If surgical transition is right for you

Surgical transition is also referred to as gender reassignment surgery, gender affirmation surgery, or gender confirmation surgery. Your medical plan includes coverage for gender-affirming surgical procedures, such as:

- Top surgery, which includes breast removal (gender-affirming mastectomy) and breast augmentation/lift (breast implants)
- Bottom surgery, which includes removal of reproductive organs and creation of exterior sexual organs depending on transition from female to male or male to female
- Facial/body contouring to better match your gender identity
- Voice modification therapy/surgery
- Electrolysis and laser hair removal
- Hair transplants

> To learn more about what's covered, review **Aetna Clinical Policy Bulletin 0615: Gender Affirming Surgery**.

progyny
Smarter Fertility Benefits

Fertility benefit

Progyny Smart Cycle gives you unlimited support from fertility advocates and convenient access to the largest network of fertility experts.

Your coverage includes up to two Smart Cycles for a variety of treatments, including egg freezing and frozen embryo transfer.

Note: If you don't use a Progyny network provider for fertility services, your care may not be covered under your medical plan.

Adoption and surrogacy benefit

If you're thinking about adoption or surrogacy, Progyny's Global Fertility and Adoption Program can help cover up to a lifetime maximum of **$40,000 USD** to bring a child into your family.

To learn more, check out the **member guide** or call Progyny at **1-844-930-3295**.

Precertification

Your medical plan requires advance approval (called precertification) for gender-affirming surgery and other covered services. Aetna® will review your treatment plan and any medical information your doctor submits to determine if your case meets clinically approved medical guidelines for the proposed services.

Some services may require additional documentation, such as a referral letter from a mental health professional.

This process also allows your doctor to share information with you about how your plan will cover the services in your treatment plan. That way, you'll know before you incur expenses.

Network doctors will get this approval for you. If you go outside the network, ask your doctor to contact Aetna at 1-888-632-3862 (TTY: 711) to start the precertification process.

If the doctor doesn't handle this process, you may need to call Aetna yourself.

Services that require precertification

Below are some gender-affirming services that typically require precertification.

Top surgery

- Breast augmentation
- Breast and nipple reconstruction
- Breast removal (gender-affirming mastectomy)

Bottom surgery

- Genital reconstructive surgery
  - Clitoroplasty (making a clitoris)
  - Labiaplasty (making labia)
  - Metoidioplasty (making a phallus)
  - Penectomy (removing penis)
  - Phalloplasty (making a phallus)
  - Placement of a testicular prosthesis
  - Scrotoplasty (making a scrotum)
  - Urethroplasty (making a urethra)
  - Vaginectomy (removing a vagina)
  - Vaginoplasty (making a vagina)
- Gonadectomy
  - Hysterectomy (removing a uterus)
  - Oophorectomy (removing ovaries)
  - Orchiectomy (removing testicles)

Additional procedures

- Facial/body contouring to better match your gender identity
- Facial reconstruction, including:
  - Blepharoplasty (eyelid surgery)
  - Brow lift
  - Cheek/malar implants
  - Chin implants
  - Face-lifting
  - Facial bone reduction
  - Forehead lift
  - Jaw shortening
  - Rhinoplasty (nose reshaping)
  - Nose implants
- Electrolysis
- Hair transplants
- Hormone therapy and other prescription drugs
- Hospital stays
- Infertility (see page 8)
- Laser hair removal
- Partial hospitalization/day treatment
- Tracheal shaving and facial hair removal
- Voice therapy and surgery

Precertification continued

Requirements

Gender-affirming surgery is considered medically necessary if you meet all of the following requirements.

- ☐ Signed letter from a qualified mental health professional assessing the gender diverse individual's readiness for physical treatment
- ☐ Documentation of marked and sustained gender dysphoria
- ☐ Exclusion of other possible causes of apparent gender incongruence
- ☐ Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
- ☐ Capacity to consent for the specific physical treatment
- ☐ One year of testosterone treatment for breast removal (for members less than 18 years of age) or six months of feminizing hormone therapy for breast augmentation (12 months for adolescents less than 18 years of age), unless hormone therapy is not desired or is medically contraindicated
- ☐ For genital surgery: Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age), unless hormone therapy is not desired or is medically contraindicated
- ☐ For breast removal or augmentation: Risk factors associated with breast cancer have been assessed

You can review the full list of Aetna® clinical criteria for coverage **here**.

Letter of referral

Your letter of referral from a qualified mental health professional should include:

- Your general identifying characteristics
- Results of your psychosocial assessment, including any diagnoses
- The duration of your relationship with the mental health professional, including the type of evaluation and therapy or counseling to date
- An explanation that you meet the WPATH criteria for surgery, with a brief description of the clinical rationale for supporting your request for surgery
- A statement that you've given informed consent
- A statement that the mental health professional is available for coordination of care and welcomes a phone call to establish this

Precertification continued

How to request precertification

In network	Your doctor will handle precertification for you.
Out of network	Your doctor may handle precertification for you. If not, you can call your Aetna Service Advocate at 1-888-402-1229 (TTY: 711) for assistance.

Turnaround times

Once Aetna® has the precertification request and required information, standard processing time is four to six weeks.

Travel and lodging benefit

If you have to travel for your care, you may be eligible for the travel and lodging benefit, which helps cover the cost of expenses, such as:

- Lodging
- Mileage if you drive your own car
- Airfare

You must obtain precertification to qualify for this benefit.

Call your Aetna Service Advocate at 1-888-402-1229 (TTY: 711) for complete details.

How to file a claim

If you use out-of-network providers for your care, you may need to submit your claim to Aetna. You can contact your Aetna Service Advocate for help. Call **1-888-402-1229 (TTY: 711)**. Or log in to your member website at **Aetna.com** and send a secure message.

How the plan pays

Medical benefits

Here's what you'll pay based on your plan.

		$500 PPO plan	$1500 Upfront Advantage Plan	$2500 HDHP	$4000 HDHP	$250 ACO plan
Annual deductible (single/family)	In network	$500/$1,000	$1,500/$3,000	$2,500/$5,000	$4,000/$8,000	$250/$500
	Out of network	$1,000/$2,000	$3,000/$6,000	$5,000/$10,000	$8,000/$16,000	Not applicable
Coinsurance or copay						
Inpatient services	In network	10%*	20%*	20%*	20%*	$300
	Out of network	50%*	50%*	50%*	50%*	Not covered
Primary care office visits	In network	$30	20%*	20%*	20%*	$30
	Out of network	50%*	50%*	50%*	50%*	Not covered
Specialist office visits	In network	$40	20%*	20%*	20%*	$60
	Out of network	50%*	50%*	50%*	50%*	Not covered
Annual out-of-pocket maximum (single/family)	In network	$1,500/$3,000	$2,500/$5,000	$4,000/$8,000	$5,500/$11,000	$1,250/$2,5,00
	Out of network	$3,000/$6,000	$5,000/$10,000	$8,000/$16,000	$11,000/$22,000	Not applicable
Type of deductible and out-of-pocket maximum (see definitions on next page)		Embedded	Embedded	Aggregate	Embedded	Embedded

*After deductible

How the plan pays continued

Embedded deductible and out-of-pocket maximum

The expenses for each covered family member are capped at the individual amount. When one person meets the individual deductible, the plan begins paying coinsurance for just that family member, up to the out-of-pocket maximum.

If deductible expenses for a combination of two or more family members reach the family amount, all covered family members are considered to have met the deductible. The plan then begins paying coinsurance for all covered family members, up to the out-of-pocket maximum.

Aggregate deductible and out-of-pocket maximum

There's one family deductible that applies to all covered family members. Once expenses for one person or any combination of family members meet the family deductible, the plan begins paying coinsurance for all covered family members, up to the family out-of-pocket maximum.

Prescription drug benefits

All medical plans include prescription drug benefits administered by CVS Caremark®. Here's what you'll pay based on your plan.

		$500 PPO, $1500 Upfront Advantage, $250 ACO	$2500 HDHP $4000 HDHP
Retail	Generic	$10	20%* after deductible
	Preferred brand name	$30	
	Non-preferred brand name	$70	
Mail order	Generic	$20	
	Preferred brand name	$60	
	Non-preferred brand name	$140	
Specialty		20%,* no deductible, $50 minimum/$150 maximum	
Extended Day Supply network Includes all major chains and most independent pharmacies	Generic	$10 for 30-day supply $20 for 60-day supply $30 for 90-day supply	
	Preferred brand name	$30 for 30-day supply $60 for 60-day supply $90 for 90-day supply	
	Non-preferred brand name	$70 for 30-day supply $140 for 60-day supply $210 for 90-day supply	

Contacts

Benefit	Vendor	Phone number	Website/App
Care team: Service Advocate Clinical Nurse Advisor	**Aetna®**	1-888-402-1229 (TTY: 711)	Aetna.com App: **Aetna Health℠**
Employee Assistance Program	**CompPsych/ Guidance Resources**	1-877-369-1785	GuidanceResources.com (Web ID: TruistCares) App: **GuidanceNow**
Fertility	**Progyny**	1-844-930-3295	Benefits.Truist.com/benefits/medical
Medical	**Aetna**	1-888-402-1229 (TTY: 711)	Aetna.com App: **Aetna Health**
Prescription drugs	**CVS Caremark®**	1-888-402-1229 (TTY: 711)	Aetna.com App: **Aetna Health**
Telemedicine	**Teladoc Health**	1-800-835-2362	TeladocHealth.com/truist App: **Teladoc Health**
Virtual counseling	**AbleTo**	1-844-330-3648	AbleTo.com/aetna