



Your UnitedHealthcare Intuit Resource Guide

Find up-to-date transgender and non-binary health resources to support you and your family.

United
Healthcare

INTUIT

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About this guide

Whether you're considering surgery, you need follow-up care after surgery or you're looking to provide support to your child or other family member, this guide can be used as a starting point.

UnitedHealthcare Elite Advocates are here to help you every step of the way, from providing information about what's covered by your benefits to helping you make the right decisions about care—for you and your family.



Call UnitedHealthcare Elite Advocates to get started

1-833-993-0861 Monday through Friday
7 a.m. to 10 p.m. CT

We're here to help you throughout your journey

No matter where you are as you're receiving care—from considering surgery to recovering afterward—know that you have support available.



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UnitedHealthcare Elite Advocates

For the LGBTQ+ community and their allies, understanding and support go a long way. Our UnitedHealthcare Elite Advocates are trained to provide LGBTQ+ members with quality support — and a welcoming, open environment designed for easier conversations.

Have questions? Get help finding answers. It's that simple.



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myuhc.com® gives you 24/7 access to your health plan details,
tools and resources—all in one spot



UnitedHealthcare® app gives you easy access to this information
when you're on the go. Secure messaging available. Available for
Apple® and Android®



What to expect

Confidentiality

Your health information is kept confidential in accordance with the law.

Family support

Enjoy support for all covered family members, including dependents.

How it works

Connect

Call to talk with a UnitedHealthcare Elite Advocate and connect with caring support for you and your family.

Answer

A UnitedHealthcare Elite Advocate will work with you to help find answers right away — including locating a specialist.

Support

Get help finding answers to your health-and benefits-related questions, Monday through Friday, 7 a.m. to 10 p.m. CT.

*UnitedHealthcare Elite Advocates have specific training, developed with assistance and in conjunction with the National LGBTQIA+ Health Education Center, on providing quality care to the LGBTQIA+ community. Training focuses on sensitivity, terminology related to transgender identity and health as well as strategies for effectively speaking about primary care and both basic medical care and surgical treatments available. The goal is to effectively create a welcoming, open environment when speaking with members over the phone.

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Find information on what's covered by your health plan, services and benefits available to you, steps you may need to take and more.

Learn more about your plan benefits.



Medical benefits

Your employer health plan is provided by UnitedHealthcare. Sign in at myuhc.com.



Prescription benefits

View your medications at a glance, refill prescriptions, sign up for home delivery and more. Log in to caremark.com.



Behavioral health

Search for behavioral health providers plus connect with helpful tools, tips and more. Sign in at myuhc.com.

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Let's get specific

Questions about any of these details? Call UnitedHealthcare Elite Advocates at 1-833-993-0861, Monday through Friday, 7 a.m. to 10 p.m. CT.

What's covered	Learn specifics of what services are covered.
Finding network providers	The UnitedHealthcare Network plan does not cover out-of-network doctors and specialists.
Prescriptions	Find out more about your pharmacy benefits.
Behavioral health support	Get information on options for help supporting your mental well-being.
Getting approvals	See information on prior authorization for a service to determine if it will be covered.
Required referral(s) for surgery	Find out more, such as who has to write referral(s), how many you need plus information on how they should be written.
Submitting claims	Learn about additional details on submitting claims.
FAQ	Not seeing the answers you're looking for? See frequently asked questions.

What's covered

Coverage examples include but are not limited to the following. Please call UnitedHealthcare Elite Advocates to confirm benefit options.

- Behavioral health services
- Breast/chest surgery*
- Facial/body contouring*
- Gender-affirming surgery*
- Hair-related services, such as electrolysis*
- Hormone therapy*
- Voice modification therapy/surgery*

A full list of covered services is available in the Summary Plan Description, which can be found on [My Benefits](#).

Note: Know that these benefits are based on identifiable external sources, including the World Professional Association for Transgender Health (WPATH) standards and/or evidence-based professional society guidance.

Summary of medical benefits

UnitedHealthcare Choice network and Harvard Pilgrim network: out-of-network services not covered unless specified

Plan-Year Deductible and Coinsurance	No deductible and plan pays 100%
Out-of-Pocket Maximum	Individual: \$2,000 • Family: \$6,000 • Includes your medical copays
Doctor's Visit:	PCP: \$15 copay • Specialist: \$30 copay • 24/7 Virtual Visit Designated Providers: \$0 copay
Ancillary Services	Acupuncture, chiropractic and medically necessary massage therapy: \$30 copay, 30 visit/year each
Non-Hospital X-Ray & Lab Services	Plan pays 100% • Copays apply for services rendered in a physician's office
Surgery	Inpatient: \$150 hospital copay per admission • Outpatient: \$30 facility copay per visit
Fertility Services	Lifetime maximum: \$30,000 for medical services; \$10,000 for outpatient pharmacy services

*Requires prior authorization.

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Try 24/7 Virtual Visits for Urgent Care

24/7 Virtual Visits are covered by your UnitedHealthcare plan when you use one of the provider groups in the 24/7 Virtual Visits network. Available 7 days a week, doctors can diagnose your symptoms, prescribe medication and send the prescription to your local pharmacy. 24/7 visits are available for non-emergent urgent care needs; for example, flu, colds, pink eye, rashes or fevers. You do not need a referral or a primary care provider (PCP) to access care; however, your information can be shared with your PCP upon request.

The designated virtual visit providers include Teladoc, Doctor on Demand and Amwell. You can find providers by signing in to myuhc.com/virtualvisits or using the UnitedHealthcare app on your mobile device. There is no cost to you when you use a 24/7 Virtual Visit Provider.

Telemedicine

Telemedicine is available from many UnitedHealthcare primary or specialty care network providers. Telemedicine is convenient when seeking care for conditions such as allergies, asthma, sinus problems, neck and back pain, nutrition services, or to establish a long term relationship with a PCP. Services will be subject to the same copay as in-person visits: \$15/visit for Primary Care and \$30/visit for Specialist services.

Finding network providers

We're here to help you find the right doctor or specialist for you.

Call UnitedHealthcare Elite Advocates at **1-833-993-0861**.

Prescriptions

Find out more about your pharmacy benefits.

CVS Caremark® is your pharmacy benefits manager.

Manage your pharmacy benefits.

1. Log in to caremark.com.
2. Call CVS Caremark at **1-888-797-8890**.
3. To manage your medications on the go, download the **CVS Caremark app**.



Fill your prescriptions.

1. **Delivered to your door.** Order up to a 3-month supply of eligible medication you take regularly for less with home delivery.
2. **Pick up at the pharmacy.** Make sure you use a network pharmacy. You will need to show your health plan ID card.

Out-of-Pocket Maximum	Individual: \$4,100 • Family: \$6,200
Generic Retail	You pay \$5 or less for 30-day supply* • Mail Order: You pay \$10 for 90-day supply
Preferred Brand Name Retail	You pay \$30 for 30-day supply* • Mail Order: You pay \$60 for 90-day supply
Non-Preferred Brand Name Retail	You pay \$60 for 30-day supply* • Mail Order: You pay \$120 for 90-day supply

*After two retail fills of maintenance medications, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged (\$15 for generic, \$20 for preferred brand name and \$40 for non-preferred brand name). Specialty medications must be filled through a CVS Specialty Pharmacy and have a 30-day limit.

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Additional benefits

ARAG Legal

ARAG UltimateAdvisor® legal insurance gives you a place to turn for help with addressing a wide range of legal matters including but not limited to Domestic Partnership Agreements, and Gender Identifier (Marker) Changes. Learn about when you can enroll in or make changes to your legal insurance by visiting the [ARAG website](#) (use access code: 17929int).

You can take advantage of some benefits available at no additional cost even if you are not enrolled, including:

- Education center resources that can help you identify your options and address your legal issues
- Personal information organizer to help you organize bank accounts, insurance policies and more.

Maven

Maven's network of providers are specialized in LGBTQIA+ health and offer services inclusive for same-sex and transgender couples, including:

- Matching you and your family members to telehealth network providers based on your preferences.
- Referring you to LGBTQIA+ friendly in-person care.
- Education, understanding and support around embryo creation questions, reciprocal IVF coverage, fertility preservation coverage and more.
- The Maven app, where members within the LGBTQIA+ community can connect with other Maven members

To be eligible for this benefit at no additional cost, you must be enrolled in a UnitedHealthcare medical plan provided by Intuit. Get started today by visiting the [Maven website](#) or downloading the Maven app.

Adoption Assistance

Adding to your family by adopting a child is wonderful and exciting, and we know it also involves a lot of planning, legal work and expense. Regular employees who work 20 or more hours per week have access to the Adoption Assistance Program to help offset the costs.

Intuit will reimburse you up to a maximum of \$30,000 per \$60,000 (for two children) for qualifying expenses you've incurred. To learn more, visit the Intuit Benefits site.

Bright Horizons

Get access to emergency backup child care when you need to be at work and your regular arrangement is unavailable, or when a need suddenly arises. You have access to 20 backup care days per benefit year. Backup care is available for your dependent children and immediate family, and your

spouse's or domestic partner's immediate family. To learn more visit the [Bright Horizons Back-Up Care](#) website. (Register using your Intuit employee ID#.)

Surrogacy Assistance

Intuit wants to support you in expanding your family, so you can worry less about finances and more on the joys of being a parent. Intuit's surrogacy assistance program helps you with eligible expenses associated with lawful surrogacy arrangements.

Intuit will reimburse you up to a total of \$30,000 per child and up to a lifetime maximum of \$60,000 (for two children, not to exceed \$30,000 per child) for qualifying expenses that you've incurred (and are not otherwise reimbursable) resulting in a fully completed and lawful surrogacy contract. A fully completed surrogacy contract is one that results in you being recognized as the parent of a child on a birth certificate, court order of adoption, or post-birth court order recognizing your parental rights under applicable law and does not violate any state, local or federal laws.

Reimbursement

To submit a reimbursement request, follow these steps:



1. Complete the [Surrogacy Assistance Program Reimbursement Request Form](#) within six months of the date of birth or the date in which you assume parental rights of the child. Be sure to include details surrounding each expense, as well as invoices/receipts and proof of payment.
2. Submit the form and supporting documentation to [HR Connect](#). If further requests or documentation is needed, your HR Connect advisor will reach out to you directly. If your request is approved, you will be notified by the HR Connect advisor, and the reimbursement will be paid out within two pay periods of approval. Any and all decisions related to reimbursement are final and binding.

Well-being for Life Program

Your financial well-being is an important part of your overall health. Through the Well-being for Life Program, you can get reimbursed for up to \$1,300 per fiscal year for expenses related to your physical, emotional and financial well-being.

Eligible financial well-being expenses include digital financial wellness services, elder care services for family members, financial advising and planning services, financial seminars and classes, and long-term care premiums.

To learn more, visit darwin.sso.intuit.com.

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Behavioral health support

Go to myuhc.com to access your behavioral health benefits available at no additional cost.* You can also connect with helpful tools, tips and other resources.

Lyra is for everyone

Lyra provides care for your emotional and mental health how, when and where you need it. Whether you're feeling stressed, anxious or depressed, support from Lyra's top coaches and therapists can get you back on your feet. Give Lyra a try at intuit.lyrahealth.com, or call **1-877-212-7941** to learn more.

You and your family members have access to 12 sessions (virtual or in person) at no additional cost each plan year. After these 12 sessions, you and your family members can continue seeing the same Lyra provider at \$0 cost share through UnitedHealthcare.

Connect online through UnitedHealthcare virtual therapy

Simplify your care with convenient, online counseling services. You can talk to a licensed behavioral health professional who can help you with feelings of stress and anxiety, depression and relationship challenges. Use your mobile device or computer to see and speak with a psychiatrist or therapist virtually, get a diagnosis and/or prescription.

Get started on myuhc.com

Go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or, call the telephone number on the back of your UnitedHealthCare ID card to get the assistance of an Elite Advocate.

About behavioral health services

- **Confidential** in accordance with the law
- **Family support** for all your dependents
- **24/7 access** over-the-phone and online
- **\$0 out-of-pocket costs** for office and outpatient visits*



If you are experiencing thoughts about harming yourself, suicide or if this is urgent and an emergency, call **911** or the National Suicide and Crisis Lifeline at **988** or **1-800-273-8255**.

*Copays may apply.

Crossover Health Center (Bay Area)

The Crossover Health Center is Intuit's private health center that gives you VIP access to a highly skilled team of physicians and providers who deliver complete, concierge-style health care services, including mental health services when you need someone to talk to. You can explore mental health topics at no additional cost through Crossover Health's [What's on Your Mind?](#) site.

Talkspace

Along with many EAP services, Intuit offers Talkspace, which lets you connect with a licensed therapist via private texting and live video sessions. You also have access to psychiatrist services and other online resources. **Talkspace** is offered as part of your Intuit medical benefits at no additional cost to you.

Virgin Pulse Support

Through Virgin Pulse, you have access to certified and credentialed wellness coaches who can provide support in lifestyle and condition management at no additional cost. These licensed coaches are trained to help you deal with issues such as anxiety and depression, grief, learned helplessness, building inner strength and more. To get started, log in to your [Virgin Pulse account](#).

RethinkCare

Through Virgin Pulse, you can access the RethinkCare digital mindfulness platform at no additional cost and explore more than 1,250 sessions with master trainers. The RethinkCare programs include:

- Learn the Basics of Mindfulness
- Boost Your Physical Health
- Perform at Your Best
- Create Mindful Relationships
- Know Your Emotions and more

Other support services

Hinge Health

Hinge Health is a benefit focusing on back, joint, muscle care and pelvic health. They'll provide all the tools you need to get moving again from the comfort of your home, including exercise therapy and a personal care team of experts. Best of all, this benefit is 100% covered by Intuit.

Teladoc Expert Medical Opinion

If you are uncertain about a medical diagnosis or the appropriate treatment, Intuit offers Expert Medical Opinion – a no-cost second opinion service for you and your covered dependents. To connect with an Expert, call 855-380-7828.

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Getting approvals

This section covers the prior authorization process for determining if a service is covered by your plan.

Helpful hint: Call UnitedHealthcare Elite Advocates to begin the approval process at least 60 days before you're planning to have surgery.

Search

We can help you find the right providers for you and also understand the importance of using network providers.

Find

When you visit a network doctor for care, the physician may identify a service (for example, chest reconstruction) that requires prior authorization. If you have trouble, call UnitedHealthcare Elite Advocates.

Inquire

Your doctor should contact UnitedHealthcare to ask about the proposed service.

Verify

UnitedHealthcare reviews the request to verify the service is medically necessary* and performed at the appropriate place.

Inform

UnitedHealthcare will inform you and your doctor about the approval decision. Together, you should review the determination letter and chart out a course of care.

Claim

You and your doctor will be notified when your claim has been approved.

Helpful hint: Reach out to a UnitedHealthcare Elite Advocate if notification hasn't occurred.



What if a service is not approved?

When a service is deemed NOT medically necessary,* you and your provider can choose to agree that you will pay. You will then be responsible for covering costs out of your own pocket.

* Aligned with WPATH standards and/or recognized professional society guidance.



Learn what you need to know if you or a family member is considering gender-affirming surgery.

Requirements

You or your family member must meet all of the following requirements before surgery and/or hair-related services.

Requirements (1–7) for gender-affirming surgery:

1. Persistent, well-documented gender dysphoria
2. Capacity to make a fully informed decision and consent for treatment
3. Must be 18 years of age*
4. If significant medical or mental health concerns are present, these must be reasonably well-controlled
5. Completed 12 months of successful, continuous, full-time, real-life experience in the desired gender
6. Completed continuous hormone therapy (for those without contraindications)**
7. Treatment plan must align with current standards of care***

Requirements (1–4) for hair-related services and treatments, including:

- Electrolysis or laser hair removal
- Prescription medications to promote hair growth
- Prescription medications to eliminate hair
- Hair transplantation

Note: Prior authorization is required for all of these services.

*This refers to chronological age, not biological age. Where approval or denial of benefits is based solely on the age of the individual, a case-by-case medical director review is necessary.

**In consultation with the patient's physician, this should be determined on a case-by-case basis through the Notification process.

***This includes the World Professional Association for Transgender Health (WPATH) standards and/or evidence-based professional society guidance.

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More about referrals

Surgical treatments for gender dysphoria can be initiated by a referral from a Qualified Healthcare Professional.*

The healthcare professional provides documentation—in the chart and/or referral letter—of the patient’s personal and treatment history, progress and eligibility.

One referral

This is required from a Qualified Healthcare Professional for breast/chest surgery, for example:

- Mastectomy
- Chest reconstruction
- Augmentation mammoplasty

Two referrals

These are required from Qualified Healthcare Professionals who have independently assessed the patient for genital surgery, for example:

- Orchiectomy
- Genital reconstructive surgeries
- Hysterectomy/salpingo-oophorectomy

*Qualified Healthcare Professional:

- Documented credentials from a relevant licensing board.
- A minimum of a master’s degree or equivalent training in a clinical field relevant to the assessment and treatment of Gender Dysphoria.
- Knowledge and experience in treating Gender Dysphoria.

Additional requirements

- If the first referral is from a patient’s therapist or primary physician, the second should be from a person who has only had an evaluative role with the patient
- Two separate letters, or one letter signed by both (for example, if practicing in the same clinic) may be sent
- Each referral letter, however, should cover the same topics in the areas outlined here

Writing referrals



Recommended content of the referral letters for surgery:

1. The patient’s general identifying characteristics.
2. Results of the patient’s psychosocial assessment, including any diagnoses.
3. The duration of the healthcare professional’s relationship with the patient, including the type of evaluation and therapy or counseling to date.
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient’s request for surgery.
5. A statement about the fact that informed consent has been obtained from the patient.
6. A statement that the healthcare professional is available for coordination of care and welcomes a phone call to establish this. For providers working within a multidisciplinary specialty team, a letter may not be necessary—rather, the assessment and recommendation can be documented in the patient’s chart.

*Mental health professionals who recommend surgery share the ethical and legal responsibility for that decision with the surgeon.

FAQ

How do I submit a claim?

For network providers, they will submit claims for services you receive.

Why is it important to use network providers?

Network providers generally:

- Will only bill the patient after the claim processing has been satisfactorily completed
- Submit claims on behalf of members directly to the plan
- Work with the plan to gain the appropriate prior authorizations
- Have passed UnitedHealthcare's accepted credential review and quality requirements
- Will use network facilities, labs and other providers

How can you find a network provider?

Behavioral health services — Call a UnitedHealthcare Elite Advocate or sign in at myuhc.com, choose "Find Care & Costs" and search in the Mental Health directory.

Helpful hint: You can use the "Area of Expertise" search tool on myuhc.com to identify transgender- and non-binary-affirming providers.

Medical services — Call a UnitedHealthcare Elite Advocate.

Hair-related services — Call a UnitedHealthcare Elite Advocate.

What if a network provider is not available?

Contact a UnitedHealthcare Elite Advocate, who can provide direction for "Network Gap Exception" if a network provider is not available within 30 miles of the patient's home.

A "Network Gap Exception" approval allows the plan to pay claims for approved services at the network level of benefits for providers located more than 30 miles away. It is at the provider's discretion as to whether or not they will agree to a discounted rate, require payment upfront or submit claims directly to the plan.

How do we avoid surprises?

- Stay in contact with a UnitedHealthcare Elite Advocate about upcoming services
- Be aware that using out-of-network providers increases the risk of surprise bills later

What is being done to enrich the network in support of transgender-affirming providers?

UnitedHealthcare is reviewing all network providers, which includes contacting offices directly to validate whether new patients are being accepted and whether the providers actively treat transgender patients.

What support is available from UnitedHealthcare Elite Advocates?

UnitedHealthcare Elite Advocates have specific training, developed with assistance from — and in conjunction with — the National LGBTQIA+ Health Education Center. Training focuses on topics from sensitivity to terminology to available surgical treatments and more. Connect with a UnitedHealthcare Elite Advocate for help with:

- Benefit questions, such as, "What's covered?" and "How will my plan cover the services?"
- Finding or scheduling an appointment with a network provider — a personal Elite Advocate will call directly on your behalf
- Claim information and authorization, including status, assistance with submission and confirmation of information required

Call UnitedHealthcare Elite Advocates to get started.

What if I choose to use an out-of-network provider?

If there are network providers within 30 miles of your home, but you choose to use an out-of-network provider, services will not be covered by your health plan.

These services and programs are for informational purposes only and should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This content is for informational and/or educational purposes only. It is not meant to be used in place of professional clinical consultations for individual health needs. Certain treatments may not be covered in some benefit plans.

This summary highlights commonly used services and generally indicates how you and a medical plan will cover medical expenses you and/or your enrolled dependents incur. Benefits are provided for covered services that are medically necessary* unless otherwise indicated. Some services are subject to annual or lifetime limits. This guide does not reflect all covered services, plan exclusions, limitations or restrictions. It is not a contract or guarantee of coverage. A full list of covered services is available in the Summary Plan Description, which can be found on [My Benefits](#).

This guide, and the benefits it describes, were developed with guidance from evidence-based professional societies, including the World Professional Association for Transgender Health (WPATH) Standards of Care. Refer to wpath.org for the current standards of care publication.

