



PetSmart LGBTQ+ Benefits Guide

United
Healthcare

PETSMART
ANYTHING for PETS



Contents

Support from UnitedHealthcare benefits specialists	3
Let's look at coverage	4
Preventive care	6
Prescriptions	8
Behavioral health support	9
Transgender and nonbinary care	11
Gender-affirming procedures	13
Clinical assessments	16
Transgender and nonbinary inclusive health care FAQ	18
HIV services	19
Family formation	21
Family planning programs	22
Fertility treatments	24
Additional LGBTQ+ resources	25
Disclaimers	27



About this guide

If you or your child, spouse or domestic partner identifies as LGBTQ+, this guide will help you learn what's available as part of your benefits. We understand that every journey is unique. Whether you're looking for a network provider with expertise in caring for members of the LGBTQ+ community or planning gender-affirming surgery, we have resources to help and support you.

Support from UnitedHealthcare benefits specialists

You have access to an experienced team of UnitedHealthcare benefits specialists dedicated to helping 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. Our specialists are trained to provide LGBTQ+ members with quality care—and provide a welcoming, open environment designed for easier conversations.*

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



Call a UnitedHealthcare benefits specialist—**1-866-501-3061**, TTY **711**; available 7 a.m. – 10 p.m. CT



Call the Surest Member Services team—**1-866-683-6440**; available 6 a.m. – 9 p.m. CT, Monday – Friday



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



Benefits.Surest.com gives you 24/7 access to your health plan.



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



Download the **Surest** app for on-the-go access. Visit the App Store® or Google Play™.

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.

Specialist transgender member support

Your UnitedHealthcare benefits specialists include specially trained advocates who are committed to making the health care system work better for members of the transgender community. You'll work with the same team—and for certain issues, the same advocate—until your question or concern is resolved.

Call **1-800-326-9166**; available 7 a.m. – 6:30 p.m. CT, Monday – Friday

*UnitedHealthcare benefits specialists have specific training, developed with assistance from 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.

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.

Let's look at coverage



Who's covered by your health plan?

You and your eligible dependents, including spouses, domestic partners and children up to age 26 (or over age 26 if they meet the definition of disabled child) are covered.

Domestic partners must be:

- ✓ Each other's sole domestic partner
- ✓ Not married to anyone else
- ✓ At least 18 years old and mentally competent to enter a marriage contract
- ✓ Not related by blood to the degree of closeness that would prohibit your legal marriage in the residence state
- ✓ Living together in the same principal residence for at least 12 months and intend to do so indefinitely
- ✓ Emotionally committed to one another and jointly responsible for each other's common well-being and financial obligations



UnitedHealthcare benefits specialists are here for you:

Call 1-866-501-3061, TTY 711, with questions.

Be proactive with your health



Get preventive care

Having a provider you see regularly—one who makes you feel accepted and respected—can help you take charge of your health. And sharing your sexual orientation and gender identity with your provider can help them care for you and your individual needs.

Every year, it's a good idea to talk openly and honestly about:

- Smoking and drinking habits
- Depression, anxiety and other mental health issues
- Sexually transmitted diseases (STDs)—testing, and tools such as condoms and medicines to prevent them
- Family planning tools—birth control pills, condoms and other options
- Reproductive health screenings such as Pap smears and breast exams
- Oral health habits and resources

*Data rates may apply.

**Virtual primary care is applied to primary care benefits—it is not applied to the 24/7 Virtual Visits benefit.



Find a provider

Sometimes, finding a doctor you feel safe and comfortable with can make all the difference. Visit Human Rights Campaign at hrc.org/resources/hei-map for tools to help you find a provider who is LGBTQ+ culturally sensitive.

Check to see if they're in network at:

UnitedHealthcare
myuhc.com

Surest
Benefits.Surest.com



Virtual primary care

Managing your health with a primary care physician (PCP) is easier when you have more ways to access care. Now, through myuhc.com or the UnitedHealthcare app, you can choose to connect remotely with a virtual PCP—and their team of health care professionals.* Make an appointment anytime, 24/7, to start your virtual primary care relationship today.**

Find more about virtual primary care by going to uhc.com/virtualcare.

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.

Commonly asked questions

Q. What can I ask a provider about their LGBTQ+ allyship?

- A. You could call and ask if they regularly work with patients who have the same sexual orientation and gender identity as you. You could also look at their website or online reviews from other patients.

Q. What if I'm not ready to share my sexual orientation or gender identity?

- A. Patient information is kept confidential and private. That's the law. But if you are under 18, your parent or guardian may be able to see your information. If you have concerns, talk to your provider privately. You can ask them not to include your answers in your medical record.

Q. Where can I find more LGBTQ+ health care information?

- A. The National LGBTQIA+ Health Education Center has resources for patients and providers at lgbtqiahealtheducation.org.



Schedule your appointment today

We're happy to help you schedule your preventive care appointments.

Call:

**UnitedHealthcare benefits specialists —
1-866-501-3061, TTY 711**

**Surest Member Services team —
1-866-683-6440; available
6 a.m. – 9 p.m. CT, Monday – Friday**

Before your appointment

Get ready for your appointment by noting the questions below. Then write down any answers or notes from your provider that you want to remember.

Medications— Tell your provider about any prescriptions, over-the-counter medications, supplements or vitamins you're taking. Ask:

- Am I taking them correctly?
- Are there any side effects?
- Is there a lower-cost option?

Physical activity— Discuss your level of physical activity with your provider. Ask if you should start, increase or maintain your current exercise level.

Tests and treatments— Discuss any tests ordered by your provider during your appointment. Ask:

- When can I expect results?
- Will I receive a follow-up call?
- Do I need a follow-up appointment?

Care team— Tell your provider about any specialists or other doctors you're seeing. This will help them coordinate your overall care.



Prescriptions

Find out more about your pharmacy benefits.

Prescription coverage is provided through CVS Caremark.

Manage your pharmacy benefits.

1. Log in to caremark.com.
2. Call **1-855-821-0355**.
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 90-day supply of eligible medication you take regularly with CVS Caremark Mail Service Pharmacy.
2. **Pick up at the pharmacy.** To find a local network pharmacy, visit caremark.com or call **1-855-821-0355**. You will need to show your CVS Caremark member ID card.



PrudentRx:

The PrudentRx Copay Program allows you to get all of your specialty medications at no cost to you. PrudentRx works with manufacturers to get copay card assistance for your medication (some limits and restrictions apply). Once you get started, they'll manage enrollment and renewals on your behalf. But even if there is no copay card program available for your medication, your cost will be \$0 for as long as you are enrolled in the program. Call PrudentRx at **1-800-578-4403** for more information.

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.

Behavioral health support

Go to myuhc.com to access your behavioral health benefits and search for behavioral health providers. You can also connect with helpful tools, tips and other resources.

Connect online through Virtual Visits

Simplify your behavioral health care with convenient online counseling appointments through Virtual Visits. Use your mobile device or computer to see and speak with a psychiatrist or therapist online.

- No driving
- Flexible scheduling
- No crowded waiting rooms

3 steps to connect

1. Register on myuhc.com.
2. Schedule an appointment that's convenient for you.
3. Use your mobile device or computer to talk with a psychiatrist or therapist.

Ally—your Employee Assistance Program (EAP)

Ally EAP is an information and short-term counseling service available for help dealing with stress, anxiety and more. **Available through both the UnitedHealthcare and Surest plans.**

- **Family topics**—parenting challenges, finding day care, caring for aging parents, adoption support, marriage and relationship issues, pet services and more
- **Legal support**—including a 30-minute consultation with an attorney on topics such as landlord/tenant disputes, personal injury and bankruptcy
- **Financial assistance**—phone consultations with a credentialed finance professional to discuss financial planning, debt, investments and other financial topics at no additional cost
- **Substance use and support**—get confidential support from a substance use recovery advocate who will listen to concerns, answer questions, talk about treatment options or help you find a provider
- **Counseling**—get up to 3 face-to-face counseling visits covered 100%. If continued help is needed, you will use your behavioral health benefit through your medical plan coverage.

To learn more, visit liveandworkwell.com and use access code **12347**, or call **1-800-788-5614**, TTY **711**.

S Surest virtual visits

Doctor On Demand is a fully virtual network of licensed physicians and behavioral health specialists available 24/7, on demand or by appointment. Doctor On Demand meets patients where they are—which means no waiting rooms, no commute time and less effort to address many care needs. Your cost: \$15.

1. From the Surest app or website, visit doctorondemand.com/microsite/surest.
2. A one-time registration is needed. Answer a few questions and enter Surest as your insurance provider.
3. Search and schedule an appointment with a provider.
4. Log in to your Doctor On Demand account for your appointment to talk with a psychiatrist or therapist.

About behavioral health services

- **Confidential** in accordance with the law
- **Family support** for all your dependents



If you or a loved one has a mental health or substance use crisis, call or text **988** to connect with the 988 Suicide & Crisis Lifeline. If you have an immediate, life-threatening emergency, call **911**.

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.



Self Care by AbleTo

Self Care by AbleTo offers on-demand support for when you feel stressed or overwhelmed. It provides access to self-care techniques, coping tools, meditations and more—anytime, anywhere. Access Self Care by AbleTo at ableto.com/begin or download the AbleTo app from the App Store or Google Play.

AbleTo is available through UnitedHealthcare plans only.



Talkspace

Connect with a licensed therapist online or via text* or phone for concerns including anxiety, depression, ADD/ADHD, PTSD (post-traumatic stress disorder) and more. To get started, call Ally EAP to request an authorization code. Then go to talkspace.com/connect to register and choose a therapist.**

Talkspace is available through both the UnitedHealthcare and Surest plans.



Sanvello

The Sanvello™ app offers on-demand clinical techniques to help address the symptoms of stress, anxiety and depression—anytime. Track your daily mood, access coping tools, build life skills and connect with peer communities. Download the app from sanvello.com/surest, the App Store® or Google Play™.

Sanvello is available through Surest plans only.

*Data rates may apply.

**Available at no additional cost for all PetSmart associates and household members through Ally EAP. To access this benefit, associates need an EAP authorization code from Ally EAP to enter when registering for Talkspace. One week of unlimited messaging is equivalent to one in-person behavioral health visit.

UnitedHealthcare benefits specialists are here for you:

Call 1-866-501-3061, TTY 711, with questions.

Transgender and nonbinary care



Transgender and nonbinary inclusive health care

Those who identify as transgender or nonbinary may have gender-related health care concerns and needs. Because gender-affirming treatments like hormones and surgery improve trans and nonbinary people's health, they are called "medically necessary."¹

In order to receive gender-affirming health care, you or your dependent may need a formal diagnosis of gender dysphoria from a provider. Someone can be medically diagnosed with gender dysphoria if their feelings have a big impact on their life, including signs of discomfort or distress such as:

- Low self-esteem
- Depression or anxiety
- Becoming withdrawn or socially isolated
- Taking unnecessary risks²

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

Gender-affirming procedures can be an important part of transitioning, and the kinds of services needed depend on what feels right for the individual. Gender-affirming procedures may include:

- Hormone treatment to change secondary sex characteristics
- Professional voice training or voice therapy
- Behavioral health services
- Breast/chest surgery
- Hair removal required for reconstructive surgery



UnitedHealthcare provides its members with a dedicated team of advocates for gender dysphoria.

Call **1-800-326-9166**;
available 7 a.m. – 6:30 p.m. CT,
Monday – Friday



Call the Surest Member Services team—**1-866-683-6440**;
available 6 a.m. – 9 p.m. CT,
Monday – Friday

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.



What's covered for gender-affirming procedures

Your health plan benefits provide coverage for a range of services for gender-affirming procedures.

Get the most out of your coverage

Whether you are just starting to explore your options or are planning a procedure, this information may help you better understand how to maximize your benefits when getting care. Sharing this information with your doctors may also help when creating your care plan.

Covered services

When eligibility criteria are met, the following surgical/non-surgical procedures are covered:*

- Behavioral health services
- Bilateral mastectomy or breast reduction
- Breast enlargement, including augmentation, mammoplasty and breast implants
- Clitoroplasty (creation of clitoris)
- Hormone therapy
- Hysterectomy (removal of uterus)
- Labiaplasty (creation of labia)
- Laser or electrolysis hair removal before genital reconstruction prescribed by a physician for treatment of gender dysphoria
- Metoidioplasty (using the clitoris to create a penis)
- Orchiectomy (removal of testicles)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prostheses
- Trachea shave
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Voice modification therapy/surgery
- Vulvectomy (removal of vulva)

*A full list of covered services is available in the Summary Plan Description, which can be found on your benefits site.

UnitedHealthcare benefits specialists are here for you:

Call **1-866-501-3061**, TTY **711**, with questions.



Eligibility

Gender-affirming procedures are covered for employees, spouses/domestic partners and dependents enrolled in a medical plan if they meet the following criteria:

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

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.

A full list of covered services is available in the Summary Plan Description, which can be found on your benefits site.

UnitedHealthcare benefits specialists are here for you:

Call 1-866-501-3061, TTY 711, with questions.

Getting approvals

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

Helpful hint: Call a UnitedHealthcare benefits specialist or Surest Member Services 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 or Surest Member Services.

Inquire

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

Verify

UnitedHealthcare or Surest will review the request to verify the service is medically necessary* and performed at the appropriate place.

Inform

UnitedHealthcare or Surest 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

Upon approval, the doctor and member will be notified.

Helpful hint: Reach out to a UnitedHealthcare benefits specialist or Surest Member Services if notification hasn't occurred.

All outpatient procedures require a prior Specialist Management Solutions (SMS) consultation to avoid a potential reduction in benefit.* Call **1-833-381-2223** to speak with an SMS care advocate before you or your family members schedule any outpatient procedures.

*SMS-required consultation applies toward elected outpatient surgeries or procedures that require anesthesia. Members who do not complete this process are subject to a \$300 penalty.

Finding network providers

It's important to find providers who can give you the gender-affirming care you need. If you want to transition medically by using hormones or having surgery, get care from a trustworthy provider.

Getting hormones from a provider who can monitor your health is the safest and most effective way to take hormones—taking too many or too few hormones can have unwanted effects.

Using network providers may help lower your costs because these providers and facilities have agreed to provide services at a discount. If you use out-of-network providers, your costs may be higher.

Call:

UnitedHealthcare benefits specialists
1-866-501-3061, TTY 711

Surest Member Services team
1-866-683-6440; available
6 a.m. – 9 p.m. CT, Monday – Friday



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.

Clinical assessments

Surgical treatments for gender dysphoria can be initiated by a clinical assessment from a qualified health care professional.* The health care professional provides documentation—in the chart and/or letter—of the patient’s personal and treatment histories, progress and eligibility.

One clinical assessment

This is required for breast/chest surgery.

Two clinical assessments

These are required for genital surgery.



Surest referrals

Providers need to initiate a prior authorization for surgical treatments for gender dysphoria by calling **1-866-683-6440**; they are available 6 a.m. – 9 p.m. CT, Monday – Friday. Providers then submit assessments—in the chart and/or letter—of the patient’s personal and treatment histories, progress and eligibility when they initiate the prior authorization.

Recommended content of the clinical assessment 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 mental health 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 mental health 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.

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

Submitting claims

Learn about when you may need to submit a claim.

- **For network providers**

They will submit claims for services you receive.

- **For out-of-network providers**

To receive payment for a claim, services must be deemed medically necessary* by UnitedHealthcare. (See “**Getting approvals**” section.)

You will need to submit claims for eligible health care services.

There are 2 options for submitting a claim for out-of-network providers:

- Call a UnitedHealthcare benefits specialist at **1-866-501-3061**, TTY **711**.
A benefits specialist can submit the claim for you. They will work with your provider’s office to complete your Claim Submission Form.
- Or you can submit a form online by following these steps:
 1. Log in to myuhc.com
 2. Select “Claims & Accounts” tab
 3. Select “Claims”
 4. Select the type of claim—either a medical claim or mental health claim
 5. Submit your claim using the online forms



Have an out-of-network claim?

Call Surest Member Services at **1-866-683-6440**.

Claim denial appeals process

If you or your physician disagrees with a pre-certification or prior authorization decision, or your claim is denied, you have the right to file an appeal within 180 days after receiving the adverse benefit determination. The appeals process is outlined in your medical Summary Plan Description. Once you complete an appeal submission, you will be notified of the decision within 30 days of the receipt of the appeal. If the first-level appeal is denied, you may submit a second-level appeal within 60 days after receiving the first-level appeal denial. If you need assistance in filing an appeal, you can call UnitedHealthcare benefits specialists at **1-866-501-3061**, TTY **711**.

S Surest denial appeals process

If you or your physician disagrees with a pre-certification or prior authorization decision, or your claim is denied, you have the right to file an appeal after receiving the adverse benefit determination. The appeals process timing is outlined in your medical SPD. If you have question about filing an appeal, you can call Surest Member Services at **1-866-683-6440**.



* Aligned with World Professional Association for Transgender Health standards and/or recognized professional society guidance.

Transgender and nonbinary inclusive health care — FAQ

Why is it important to use network providers?

Network providers generally:

- Will bill the patient only for applicable deductible, copays and/or coinsurance
- Will bill the patient only 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

Out-of-network providers generally:

- Bill patients for deductible, copays and/or coinsurance in addition to the difference between their billed amount and the covered amount—this can add up to thousands of additional dollars out of pocket for the patient (called balance billing)
- May require full payment prior to the services being rendered
- Will not submit claims directly to insurance companies, leaving the patient to obtain reimbursement
- Have not passed UnitedHealthcare's accepted credential review and quality requirements
- May use out-of-network facilities, labs or other providers

What if a network provider is not available?

Contact a UnitedHealthcare benefits specialist, 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 up front or submit claims directly to the plan.

How do we avoid surprises?

- Stay in contact with a UnitedHealthcare benefits specialist 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.

Note: Facility-based providers, such as radiologists, anesthesiologists and assistant surgeons are often out of network, regardless of whether the primary surgeon is. If a balance bill is received from one of these providers and the service was received at a network facility with a network surgeon, please call a UnitedHealthcare benefits specialist for assistance.

How can you find a network provider?

- **Behavioral health services**—Call a UnitedHealthcare benefits specialist or sign in to myuhc.com, choose "Find Care & Costs" and search in the Mental Health directory
 - **Helpful hint:** Use the "Area of Expertise" search tool to identify transgender- and nonbinary-affirming providers.
- **Medical services**—Call a UnitedHealthcare benefits specialist for assistance

What support is available from UnitedHealthcare benefits specialists?

A UnitedHealthcare benefits specialist can help with:

- Benefits questions, such as what is covered and how much the plan will pay
- Finding a network provider; a personal specialist will call providers directly
- Claim information, such as status, assistance with submission, confirmation of information required
- Authorization, such as status, confirmation of information required

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, you will be responsible for costs not covered by your health plan (unless a Gap Exception is in place).

UnitedHealthcare benefits specialists are here for you:

Call 1-866-501-3061, TTY 711, with questions.

HIV services

Human immunodeficiency virus (HIV)

services and treatment options

Today, more tools than ever are available to prevent HIV, including the use of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)³. Treatment for people who have HIV is called antiretroviral therapy (ART). ART can help you live a long, healthy life and prevent transmitting HIV to others.⁴

HIV screening

The only way to know your HIV status is to get tested. Knowing your status gives you powerful information to keep yourself and your loved ones healthy. HIV screenings are 100% covered under your medical plan when performed by a network provider. People at increased risk for HIV infection should get screened more often.*⁵ Learn more at [cdc.gov/hiv/basics/hiv-testing/getting-tested.html](https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html).

HIV prevention

PrEP, including injectable PrEP

Certain HIV medications can be taken to reduce the chance of getting HIV; this is called pre-exposure prophylaxis (PrEP). PrEP medications, as well as necessary clinic visits and lab tests related to PrEP, are 100% covered in network. This includes:

- Kidney function testing (creatinine)
- Serologic testing for hepatitis B and C virus
- Testing for other STIs; pregnancy testing when appropriate
- Ongoing follow-up and monitoring, including HIV screening every 3 months

PEP

Post-exposure prophylaxis (PEP) means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and must be started within 72 hours after a possible exposure to HIV. Cost sharing applies, including deductible, copay or coinsurance.

HIV treatment

Once HIV treatment is started, it usually takes 3 to 6 months for your viral load to reach an undetectable level. Although medicines cannot cure HIV, having an undetectable viral load helps people with HIV live longer, healthier lives and provides them with effectively no risk of transmitting HIV.

There are 2 types of HIV treatment, or ART:

- **Pills:** ART usually involves taking a combination of HIV medicines (called an HIV treatment regimen) every day. A person's initial HIV regimen generally includes 3 antiretroviral (ARV) drugs from at least 2 different HIV drug classes. There are also FDA-approved single-pill medicines available.
- **Shots:** People who have had an undetectable viral load (or have been virally suppressed) for at least 3 months may consider shots. HIV treatment shots are long-acting injections given by your health care provider and require routine office visits (once a month or once every other month, depending on your treatment plan).

Talk to your health care provider about the appropriate HIV treatment plan for you. The coverage for HIV treatment includes medications as well as necessary network clinic visits and lab tests. Cost sharing applies, including deductible, copay or coinsurance.

For more information about your prescription medication coverage, visit [caremark.com](https://www.caremark.com) or call **1-855-821-0355**.



Talk to your health care provider about your risk factors and which screening, preventive and treatment options are available to you.

*As recommended by your physician.

Family formation



Family planning programs

Stork Support: Maternity Support Program

Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and resources—from planning for a pregnancy to postpartum.

Offering support throughout your journey

Maternity support is designed for a variety of situations, to help you no matter what your pregnancy journey looks like.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer questions and help you understand your health benefits and costs. A maternity nurse is trained to:

- Share information designed to help you care for your and your baby's health
- Help you choose a doctor or nurse midwife
- Support your physical, mental and emotional health—before and after birth
- Help you find a pediatrician or other specialist



Surest Maternity Support Program

Pacify offers expectant and growing families access to unlimited video visits and calls with maternal and pediatric experts to answer questions whenever they pop up. Connect with lactation consultants, dietitians and other pregnancy management clinicians who are available 24/7. Your cost: \$0.

Visit pacify.com/surest or download the Pacify app from the App Store or Google Play.

You'll also get 24/7 access to 7 online maternity courses at myuhc.com/maternity. These include:

1. Preconception: Preparing for a healthy pregnancy
2. Pregnancy in the first trimester
3. Pregnancy in the second trimester
4. Pregnancy in the third trimester
5. The fourth trimester after pregnancy: Postpartum
6. Pregnancy nutrition and exercise
7. Exploring breastfeeding



A gift for you and your baby

When you enroll in Stork Support, you'll receive a special package for you and your baby, including:

- Your selected book
- A onesie
- A massager
- Lavender lotion
- Milestone stickers



Family planning programs (cont'd)

Fertility Solutions program

Fertility Solutions provides you with helpful information, emotional support and experienced guidance as you explore options for expanding your family.

Self-schedule calls

Set up a call with a fertility nurse at a time that works best for your schedule.

Search for Fertility Centers of Excellence (COEs)

Get care from specialists who have demonstrated potential in increasing the chance of having a baby.

Get 24/7 online learning

Explore our program and get answers to questions on fertility, possible treatment options and how to cope with the challenges they may bring.

Call **1-866-774-4626**, TTY **711**,
Monday – Friday, 7 a.m. – 6 p.m. CT.

Visit myuhc.phs.com/fertility.



Surest benefit: Progyny

Progyny is a fertility and family-building benefits solution aimed at helping anyone who wants to have a child, no matter the path to parenthood. The Progyny benefit includes comprehensive treatment, access to high-quality care through a premier network of specialists and personalized support.

Call **1-833-210-4629**.



A dedicated team of experienced fertility nurses to help you:

- Get information on causes of infertility and treatment options
- Find doctors, clinics and facilities that meet your needs
- Navigate the health care system and make the most of your benefits

Fertility treatments

Assisted reproductive technologies (ARTs)

ARTs are fertility treatments in which the egg is fertilized with sperm outside of a person's body and then placed in the uterus. ART encompasses IVF and ICSI.

IVF is the most common type of ART

- With IVF (in vitro fertilization), spontaneous fertilization occurs in a petri dish
- Steps to IVF:
 - Controlled ovarian stimulation
 - Egg retrieval
 - Insemination—the mixing of sperm and egg

In IVF, fertilization occurs in a controlled environment.

ICSI (intracytoplasmic sperm injection)

With ICSI, sperm may be directly injected into the egg.

Cryopreservation

Cryopreservation is a fertility preservation option that's often selected due to medical necessity—for example, when the member is faced with a medical condition where the treatment may leave them infertile (like cancer treatment) or when they choose to freeze their eggs or sperm to use at a later date.

Cryopreservation entails the process of cooling and storing cells, tissues or organs at very low or freezing temperatures to save them for future use. It is used to preserve embryos, sperm, oocytes (eggs), ovarian tissue or testicular tissue for use at a later time.

Insemination procedures

These procedures include artificial insemination (AI) and intrauterine insemination (IUI).

- In AI, a doctor inserts sperm directly into a person's cervix, fallopian tubes or uterus
- The most common method is called IUI, where a doctor places the sperm in the uterus

Ovulation induction

This is also known as controlled ovarian stimulation. People who ovulate infrequently or who do not ovulate at all are most benefited by ovulation induction, which is often achieved through use of fertility drugs such as clomiphene (Clomid®), letrozole (Femara®), recombinant FSH (follicle-stimulating hormone), human menopausal gonadotropin, etc.

Testicular sperm aspiration (TESA)/microsurgical epididymal sperm aspiration

TESA is a procedure performed for people who are having sperm retrieved for IVF/ICSI. It is done with local anesthesia in the operating room or office and is coordinated with a partner's egg retrieval. A needle is inserted in the testicle and tissue/sperm are aspirated.

Electroejaculation

Electroejaculation is a procedure used to obtain semen samples. The procedure is used for the treatment of an ejaculatory dysfunction.

Pre-implantation genetic testing

Testing is performed when the genetic parents carry a gene mutation, to determine whether that mutation has been transmitted to the embryo.



Talk to your health care provider about which option is right for you. To learn more about covered services and procedures, call a UnitedHealthcare benefits specialist at **1-866-501-3061**, TTY **711**.

Additional LGBTQ+ resources

More LGBTQ+ resources

If you—or someone in the LGBTQ+ community who you care about—struggle with a mental health problem or substance use disorder, help is available. You're not alone. Here are some tools to help you get started.

Call 911 if you are in immediate danger or having a medical emergency. If you are in crisis or thinking about suicide, call the 988 Suicide & Crisis at **988**.

Crisis hotlines and texting

- **The Trevor Project—National Youth LGBTQ Crisis Intervention and Suicide Prevention**
1-866-488-7386
Text START to 678-678
thetrevorproject.org
- **SAGE National LGBTQ+ Elder Hotline**
1-877-360-LGBT (5428)
sageusa.org
- **988 Suicide & Crisis Lifeline**
Call or text 988
suicidepreventionlifeline.org
- **National Domestic Violence Hotline**
1-800-799-SAFE (7233)
Text START to 88788
thehotline.org
- **National Sexual Assault Hotline**
1-800-656-HOPE (4673)
Chat online at:
hotline.rainn.org/online

Substance use disorders

- **Optum Substance Use Treatment Helpline**
1-855-780-5955
- **SAMHSA's National Helpline**
1-800-662-HELP (4357) and
TTY 1-800-487-4889

Mental health and community support

- **Black Mental Health Alliance (BMHA)**
blackmentalhealth.com
- **CenterLink LGBT Community Center Member Directory**
lgbtcenters.org/LGBTCenters
- **The Gay and Lesbian Medical Association's Provider Directory**
glma.org
- **The LGBT National Help Center**
glbtnationalhelpcenter.org
- **National Queer and Trans Therapists of Color Network**
nqttcn.com/directory
- **SAGE National LGBTQ+ Elder Hotline**
sageusa.org
- **Trans Lifeline**
translifeline.org



Learn more

Find more LGBTQ+ resources at pride365plus.com.

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.

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, Version 7; refer to wpath.org for the current standards of care publication.

Sources and disclaimers

¹ <https://www.plannedparenthood.org/learn/gender-identity/transgender/what-do-i-need-know-about-trans-health-care>

² <https://www.nhs.uk/conditions/gender-dysphoria/#:~:text=Gender%20dysphoria%20is%20a%20term,harmful%20impact%20on%20daily%20life.>

³ <https://www.cdc.gov/hiv/basics/prevention.html>

⁴ <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/what-start-choosing-hiv-treatment-regimen>

⁵ <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html#:~:text=CDC%20recommends%20that%20everyone%20between,find%20out%20your%20HIV%20status.>

Administrative services provided by Bind Benefits, Inc. doing business as (d/b/a) Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA.

App Store is a registered trademark of Apple, Inc. Google Play is a trademark of Google LLC.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Virtual Primary Care services are available with a provider via video, chat, email or audio-only where permitted under state law. Virtual Primary Care services are only available if the provider is licensed in the state where the member is located at the time of the appointment. Virtual Primary Care is not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Certain prescriptions may not be available, and other restrictions may apply. Due to physician licensing restrictions, Virtual Primary Care is only available within the member's state of residence. If the member's location is outside of their state of residence, virtual visits for primary care will be provided as a 24/7 Virtual Visit provided by Optum Virtual Care.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. The EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. The EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

The AbleTo mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in the District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

The Fertility Solutions program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this program is for your information only. It is provided as part of your health benefit plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. You should consult an appropriate health care professional to determine what may be right for you. Your health information is kept confidential in accordance with the law.

The information provided under Maternity Support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. If you believe you may have an emergency medical condition, you should seek immediate care at an emergency department or call 9-1-1. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30 percent of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

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

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

© 2023 United HealthCare Services, Inc. All Rights Reserved. (ES22-2006903a)

United
Healthcare

PETSMART
ANYTHING for PETS