Transgender benefits

Your Aetna benefits include medically necessary covered services for gender reassignment. These are based on the Standards of Care published by the World Professional Association for Transgender Health (WPATH).

Get started

Your first step is to call your Aetna Concierge at 1-800-884-9565. Tell the concierge that you’d like to work with an Aetna case manager who specializes in gender reassignment. The concierge will submit your request during your call. A case manager will then reach out to you and become your single point of contact throughout the entire process. They can:

• Help you access your benefits
• Answer your questions
• Help you get plan approvals if needed
• Help you find doctors and facilities that work best for you

Learn about your transgender benefits and how to use them. Share this information with your doctors so they are aware of your coverage.
Adobe coverage for gender reassignment

Your coverage includes medically necessary services including, but not limited to:

- Medical
- Lab
- GRS (gender reassignment surgery), including breast augmentation and mastectomy
- Hormone therapy
- Hair removal (electrolysis/laser)
- Non-genital, non-breast surgical interventions for female-to-male:
  - Liposuction and lipofilling
  - Pectoral implants and other aesthetic procedures
- Non-genital, non-breast surgical interventions for male-to-female:
  - Facial feminization surgery
  - Liposuction and lipofilling
  - Voice surgery and thyroid cartilage reduction
  - Gluteal augmentation
  - Hair reconstruction and other aesthetic procedures
- Voice and communication therapy to develop verbal and non-verbal communication skills

You and your doctors can review Aetna’s coverage policy for gender reassignment surgery and the WPATH Standards of Care document as a guide to covered services. You can also check with your case manager if you have questions about what’s covered.

We’re here for you – and your emotional needs. That’s why we offer many supportive resources.

To learn more, just go to: benefits.adobe.com > Health & wellbeing > Emotional wellbeing.

The benefits of staying in the network

It’s always best to use network providers whenever you can:

- You can take advantage of the significant discounts we’ve negotiated with them.
- Your annual deductible is lower.
- Your coinsurance percentage is lower.
- They will submit claims and any necessary precertification for you.

If you cannot find a network doctor in your area for a certain service, talk to your Aetna case manager. With certain approvals, you may be able to use an out-of-network doctor but receive the in-network benefit. However, you may need to pay the doctor at the time of your visit and submit a claim form to Aetna for reimbursement.
How your plan pays

Transgender treatment benefits are the same as for any other medical condition; for example, here’s what the plan covers after you meet your annual deductible:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In network</td>
<td>Out of network*</td>
<td>In network</td>
<td>Out of network*</td>
</tr>
<tr>
<td>Gender reassignment surgery**</td>
<td></td>
<td>80%</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>Inpatient and outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health**</td>
<td></td>
<td>80%</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>Inpatient and outpatient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab services</td>
<td></td>
<td>80%</td>
<td>90%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Gender reassignment surgery** includes gender reassignment surgery. Services must be performed by a surgeon licensed in the state.

**Mental health** includes behavioral health services.

---

**Prescription drugs (including HRT)**

| Retail:  | $15 for generics |
| 30-day supply*** | $45 for brand-name drugs on the Aetna Performance Drug List |
| $65 for other brand-name drugs |

| Mail order (or CVS Pharmacy®): | $30 for generics |
| 90-day supply*** | $90 for brand-name drugs on the Aetna Performance Drug List |
| $130 for other brand-name drugs |

---

*If you go outside the network, reimbursement is not based on a negotiated amount, but rather on the recognized amount/charge. You may be responsible for the entire difference between what the provider bills and the recognized amount. And that additional amount does not count toward your out-of-pocket maximum.

**All inpatient and certain outpatient services require precertification.

***Reduced benefits if drugs obtained at a nonparticipating pharmacy. Copays count toward your out-of-pocket maximum.

---

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company (Aetna). Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.