



Be yourself

Amazon transgender
benefits



We're here to help

Your Aetna® medical plan covers medically necessary services related to gender dysphoria. Coverage is based on the Standards of Care published by the World Professional Association for Transgender Health (WPATH).

This guide can help you understand your transgender benefits and how to use them. It also includes information on how to access doctors, hospitals and other services, and how to receive reimbursement for your treatment costs. Share this information with your doctors so they're aware of your coverage.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).

Tips to get the most from your benefits

- 1. Ask questions.** If you have any questions about transgender services, claims or the precertification process, call your Aetna Concierge at **1-866-574-9124 (TTY: 711)**. Or contact us through your member website at **Amazon.Aetna.com > Member login**.
- 2. Know the steps.** Some services require recommendations from mental health professionals, which you'll need to get before you contact a surgeon. See **Eligibility** to learn more.
- 3. Stay in the network and save.** In-network gender-affirming surgery (GAS) providers can help you save on your share of the costs. You can ask your doctor to recommend a GAS provider. Use our provider search tool to confirm that the doctor and hospital are in the network. Or call your Aetna Concierge at **1-866-574-9124 (TTY: 711)** if you need help finding in-network GAS providers.
- 4. Ask about costs if you go outside the network.** If you prefer to use an out-of-network GAS provider, ask about costs so you can estimate your share up front. You can also call your Aetna Concierge for help getting cost information. Please don't sign any private payment forms, or we won't be able to help you with pricing. Even with our help, you may still pay more if you go outside the network.
- 5. Get plan approvals when required.** Be sure to have Aetna® precertify services before you receive care. This is required whether you receive services in or outside the network, including outside the United States. Network doctors will precertify services for you. If you go outside the network, call the precertification number on your Aetna ID card to begin the process.
- 6. Get to know WPATH at WPATH.org.** It's a good idea to become familiar with what the World Professional Association for Transgender Health (WPATH) defines as medically necessary services. And you should do this before getting any planned services or procedures.





Eligibility

Gender-affirming surgical services are considered medically necessary and are covered for employees, spouses/domestic partners and dependents enrolled in an Aetna® medical plan, as long as you meet these criteria:

Breast removal or augmentation

1. Signed letter from a qualified mental health professional assessing the transgender/gender diverse individual's readiness for physical treatment
2. Documentation of marked and sustained gender dysphoria
3. Other possible causes of apparent gender incongruence have been excluded
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
5. Capacity to consent for the specific physical treatment
6. 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 medically contraindicated
7. Risk factors associated with breast cancer have been assessed

See the **Aetna clinical policy bulletin** on gender-affirming surgery for more details about clinical requirements.



Genital surgery

1. Signed letter from a qualified mental health professional assessing the transgender/ gender diverse individual's readiness for physical treatments
2. Documentation of marked and sustained gender dysphoria
3. Other possible causes of apparent gender incongruence have been excluded
4. Mental and physical health conditions that could negatively impact the outcome of gender-affirming medical treatments are assessed, with risks and benefits discussed
5. Capacity to consent for the specific physical treatment
6. 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 medically contraindicated

Surgical procedures other than breast/chest and genital surgery

You must be at least 18 years old and diagnosed as having gender dysphoria. Also see **precertification requirements** on page 9.

For these purposes, a mental health professional is defined as any master's degree-level or above mental health practitioner.



Covered services

All services must be medically necessary and follow plan requirements.

Transgender medical treatment for children

The plan covers non-surgical medical treatment, such as hormone therapy and mental health services, for minors with gender dysphoria.

Transgender surgical services

The plan covers breast and genital surgical procedures, including facility and anesthesia charges related to the surgery.

Covered services also include the following non-breast and non-genital surgical procedures. Review your plan documents for details.

- Blepharoplasty – lipofilling
- Body contouring – liposuction, lipofilling
- Brow – reduction, augmentation, lift
- Cheek – implant, lipofilling
- Chin reshaping – osteoplastic, alloplastic (implant-based)
- Chondrolaryngoplasty – vocal cord surgery, voice modification surgery
- Facelift/mid-face lift (following alteration of the underlying skeletal structures) – platysmaplasty
- Hair line advancement and/or hair transplant
- Hair removal, including electrolysis and laser hair removal
- Lip – upper lip shortening, lip augmentation
- Lower jaw – reduction of mandibular angle, augmentation
- Rhinoplasty (+/- fillers)
- Tracheal shave – reduction thyroid chondroplasty

Mental health services

The plan covers associated mental health visits the same as any other service under the plan.

Prescription drugs and hormone therapy

Coverage for estrogen patches, testosterone therapy and other prescription drugs associated with gender-affirming surgery is available under your Express Scripts prescription drug benefits. For more information, visit [Express-Scripts.com/Amazon](https://www.express-scripts.com/Amazon) or call 1-844-626-9387.





You'll share in the costs

Here's what you'll pay for transgender services:

Shared Deductible Plan, Standard Plan and Health Savings Plan

In network

10% after deductible

Out of network

30% of allowed charges after deductible

Shared Deductible Copay Plan and Standard Copay Plan

In network

Copays vary based on type of service

Out of network

30% of allowed charges after deductible

Out-of-network doctors and hospitals usually cost more

That's because out-of-network doctors and hospitals set their own rates to charge you. Those rates may be higher — sometimes much higher — than what your Aetna® plan recognizes or allows. Your doctor may bill you for the amount the plan doesn't recognize.

You'll also pay a higher coinsurance percentage and a higher deductible than with network providers. And no amount above the recognized charge counts toward your deductible or out-of-pocket limits. This means you're responsible for paying everything above the amount the plan recognizes or allows for a service or procedure.

Staying in network makes sense

Here are some of the benefits of staying in the network for covered services:

- **Value:** The plan includes negotiated discounted rates. Plus, network doctors and hospitals won't bill you for costs above the plan's recognized or allowed amounts for covered services.
- **Confidence:** You get access to quality care from the Aetna® network.
- **Simplicity:** Your network doctor takes care of the paperwork for you, such as getting plan approvals and submitting claims.

How to look up network doctors

- **Use our provider search tool.**
 - Log in at Amazon.Aetna.com > **Member login**. If this is your first visit, complete the one-time registration process to get your user name and password. On your home page, select **Find Care & Pricing** and follow the prompts to complete your search.
 - To find a surgeon experienced in GAS, go to Amazon.Aetna.com and click **Find a doctor** at top. Type "gender identity" in the search box and then click the **Gender-affirming surgery designated surgeons** link. Be sure to check that the facility where you're having the surgery (hospital, ambulatory/outpatient surgical center) is also in network.
- **Contact your Aetna Concierge for help.**
Call **1-866-574-9124 (TTY: 711)**.

You may go outside the United States for services

The plan covers medically necessary services received outside the United States. However, benefits are not provided for services, drugs or supplies that are unapproved or deemed experimental or investigational based on the terms of this plan, or medical standards in the United States.

You must receive services, supplies or drugs from a health care provider licensed by the appropriate jurisdiction, and performing services within the scope of their license and practice.

When submitting claims for services received outside the U.S, clearly detail the services received, diagnosis (including standard medical procedure and diagnosis code, or English nomenclature), dates of service, and the names and credentials of the attending provider.

Get plan approvals when required

The plan will cover certain transgender services, such as surgery, only if Aetna® preapproves them in advance. This approval is called “precertification.” Your plan documents list all the services that require this approval.

Here’s what we look for when reviewing a request

First, we check to see that you’re still a member and that the service is considered medically necessary. We also make sure the service and place requested to perform the service are a reasonable cost.

Our decisions are based entirely on appropriateness of care and service and the existence of coverage, using nationally recognized guidelines and resources. We may suggest a different treatment or place of service that’s just as effective but costs less.

We also look to see if you qualify for one of our care management programs. If so, an Aetna nurse may contact you.

Preapproval doesn’t verify whether you’ve reached any plan dollar limits or visit maximums for the service requested. So even if you get approval, it’s not a guarantee of coverage.

What you need for your preapproval request

You’ll need to provide the following information for surgical procedures:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed
- Information that confirms services are recognized as medically necessary in the most current Standards of Care published by **WPATH** based on the surgery being requested
- **For gender-affirming surgery:** The required letter of recommendation from a mental health professional (see **Eligibility** on pages 4 and 5)

How to request preapproval

In network

Your network doctor or specialist will take care of this for you. Please give the required mental health professional letter to your doctor at the time of your consultation.

Out of network

If you go outside the network, you must request preapproval yourself. Call your Aetna Concierge at **1-866-574-9124 (TTY: 711)** to get started.



How to file a claim for payment

In network: Your network doctor or specialist will submit any claims for you. After we process the claim, we'll send you an Explanation of Benefits (EOB) statement. Your doctor may also send you confirmation of our payment, along with any outstanding amount you owe, such as your deductible.

Out of network: Out-of-network doctors aren't required to submit a claim for you, so you may have to do this yourself. After we process the claim, we'll send you an EOB statement. Your doctor may also send you confirmation of our payment, along with any outstanding amount you owe, such as your deductible, your percent share of the costs, and the difference between the plan's allowed or recognized amount and the provider's actual charge.

If you need to submit the claim yourself, log in to your member website at [Amazon. Aetna.com](https://www.aetna.com) > **Member login**. Then decide how you want to submit your claim:

Online

To submit your claim online, hover over the **Claims** tab at the top of your home page and select **Submit a Claim** from the drop-down menu. Follow the prompts to complete your claim submission.

By claim form

If you prefer to use a claim form, click the **Forms** link under your name at the top of your home page. Download and complete the **Medical Claim Form**.

Submit the form with an itemized bill in one of three ways:

1. By secure message. Click **Contact Us** under **Support** at the top of the page. Then click **Send Message** and follow the prompts.
2. By mail. If there's no mailing address on the form, mail it to the address shown on your Aetna® ID card.
3. By fax to the number shown on the form.



Mental health support

Throughout the transition process, you can find mental health support through Resources For Living®, your Employee Assistance Program. A care partner can guide you through your options and connect you to services that work for you. To connect with a care partner, call **1-833-721-2323 (TTY: 711)** or chat live at ResourcesForLiving.com/Amazon.

Resources For Living provides you and all members of your household with no-cost, 24/7 access to:

- **Confidential counseling.** This includes three no-cost sessions per issue each year — in person or by phone, video or text.
- **Self-paced support.** Sign up for myStrength (access code: Amazon) for tools to manage stress, anxiety, depression, relationships, parenting and more.
- **Online resources and access to financial and legal advice.** Find support for life changes and daily life challenges.



Need help? Call your 24/7 Aetna Concierge at **1-866-574-9124 (TTY: 711)**.

Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Refer to **Aetna.com** for more information about Aetna plans.

Amazon.Aetna.com

