



Be yourself

Amazon transgender benefits

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

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

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](https://www.amazon.aetna.com) > Already a Member?
- 2. Know the steps.** Some services require recommendations from mental health professionals, which you will need to get before you contact a surgeon. See Eligibility to learn more.
- 3. Stay in the network and save.** In-network sex reassignment surgery (SRS) providers can help you save on your share of the costs. You can ask your doctor to recommend an SRS 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 network SRS providers.
- 4. Ask about costs if you go outside the network.** If you prefer to use an out-of-network SRS provider, ask about costs so you can estimate your share up front. You can also call your Aetna Concierge for help in getting cost information. Please do not sign any private payment forms, or we will not 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 the services before you receive care. This is required whether you receive services in or 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](https://www.wpath.org).** It's also a good idea to become familiar with WPATH medically necessary services before getting any planned services or procedures.

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

Eligibility

Surgical gender reassignment 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 the following criteria:

For genital surgery: Benefits are available if you are at least 18 years old and diagnosed as having gender identity disorder. You must also have:

- Two letters of recommendation or support for surgery, dated within the last six months, from two separate mental health professionals. At least one of these letters must include an extensive report. One master's degree-level professional is acceptable if the second letter is from a psychiatrist or PhD/PsyD clinical psychologist.
- The evaluations and recommendations must show persistent, well-documented gender identity disorder or gender dysphoria and indicate no medical contraindications to surgery.
- Each recommendation must state that the surgery is medically necessary according to the most current Standards of Care published by WPATH.

For breast/chest surgery: Benefits are available if you are at least 18 years old and diagnosed as having gender identity disorder. You must also have one letter of recommendation for surgery from a mental health professional.

For surgical procedures other than genital and breast/chest surgery: Benefits are available if you are at least 18 years old and diagnosed as having gender identity disorder. Also see precertification requirements on page 6.

For the transgender services benefit, 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 will cover non-surgical medical treatment (such as hormone therapy and mental health) for minors with gender dysphoria. Surgical interventions are considered when individuals reach age 18.

Transgender surgical services

This benefit covers transgender surgical services, including facility and anesthesia charges related to the surgery. The following is a partial list of covered services. Review your plan documents for details.

Specialized surgical procedures			
Breast/chest			
• Breast augmentation	• Mastectomy	• Nipple reconstruction	• Rib excision
Genital			
• Clitoroplasty	• Metaoidioplasty/ Metodioplasty	• Penectomy	• Vaginectomy
• Labiaplasty	• Orchiectomy	• Phalloplasty	• Vaginoplasty
		• Scrotoplasty	• Vulvectomy

General surgical procedures			
• Blepharoplasty	• Hair removal	• Lip reduction	• Rhinoplasty
• Face lift	• Laryngoplasty	• Liposuction	• Tracheal shave
• Facial bone reduction			

Mental health services

Aetna® medical plans cover associated mental health visits the same as any other service under the medical plan.

Hair removal and restoration services

Aetna medical plans cover hair removal and restoration services the same as any other service under the medical plan.

Prescription drugs and hormone therapy

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

Non-covered services

Procedures that are not specifically listed in the current version of the WPATH Standards of Care document found on [WPATH.org](https://www.wpath.org) will be reviewed for medical necessity based on clinical information sent by your doctor for precertification.



You will share in the costs

Here's what you will pay for transgender services:

Shared Deductible Plan, Standard Plan and Health Savings Plan

In network

10% after deductible

Out of network

30% of recognized or 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 dollar amount the plan doesn't recognize. You'll also pay a higher coinsurance percentage and a higher deductible than with network providers. No dollar amount above the recognized charge counts toward your deductible or out-of-pocket limits. This means you are fully responsible for paying everything above the amount the plan allows for a service or procedure.

Going in network makes sense

- **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 online search tool

1. Log in at Amazon.Aetna.com > Already a Member? If this is your first visit, complete the one-time registration process to get your user name and password.
2. From your member website home page, select Find Care & Pricing.
3. Follow the prompts to complete your search. To find a surgeon experienced in SRS, type "gender identity" in the search box and then click on the Gender Reassignment 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. 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, clearly detail the services received, diagnosis (including standard medical procedure and diagnosis code, or English nomenclature), dates of service, and the names and credentials for the attending provider.



Get plan approvals when required

The plan will cover certain transgender services, such as surgery, only if it has approved the service up front. 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 are still a member and make sure 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 is 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.

Precertification does not verify if you have reached any plan dollar limits or visit maximums for the service requested. So, even if you get approval, it is not a guarantee of coverage.

What you need for your precertification request

For surgical procedures other than genital and breast/chest surgery:

- 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
- Required letter(s) of recommendation from mental health professionals

How to request precertification

In network

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

Out of network

If you go outside the network, you must request precertification yourself. Call your Aetna Concierge at **1-866-574-9124 (TTY: 711)** to get started. You will need to provide certain required information when you submit your request.



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 will send you an Explanation of Benefits (EOB) statement. Your doctor may also send you confirmation of our payment along with any outstanding amount due from you, such as your deductible.

Out of network: Out-of-network doctors are not obligated to submit a claim for you, so you may have to do so yourself. After we process the claim, we will send you an EOB statement. Your doctor may also send you confirmation of our payment along with any outstanding amount due from you, 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, you can download a claim form from your member website:

1. Log in at Amazon.Aetna.com > Already a Member?
2. Click on Documents & Forms under your name at the top of the page to access the claim form.
3. Download, print and complete the form.

Or call your Aetna Concierge at **1-866-574-9124 (TTY: 711)**. The representative can mail you a claim form.

We accept claim forms by mail, fax and email:

- **Mail:** If there is no mailing address on the form itself, you can send it to us at the address shown on your Aetna® ID card.
- **Fax:** Use the fax number shown on the form.
- **Email:**
 1. Scan the completed claim form and save to your computer.
 2. Log in to your member website at Amazon.Aetna.com > Already a Member?
 3. Click Help to begin an email.
 4. Attach the claim form to the email.

Mental health support

Resources For Living® is here to support your mental health. Whether you're looking to manage everyday life or overcome a major challenge, 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.

You and all members of your household have free, 24/7 access to:

- **Confidential counseling.** Three free phone, video or text therapy sessions per issue each year.
- **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.

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