



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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7 a.m. to 10 p.m. CT

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 your [Intuit Alight Website](#).

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	No deductible
Coinsurance	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 • Virtual Primary Care: \$15 copay
Non-Hospital X-Ray & Lab Services	Plan pays 100% • Copays apply for services rendered in a physician's office
Inpatient Surgery	Plan pays 100% after you pay \$150 hospital copay per admission
Outpatient Surgery	Plan pays 100% after you pay \$30 facility copay per visit

*Requires prior authorization.

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Try Teladoc

Teladoc® is offered as part of your Intuit medical benefits. Available 7 days a week, doctors can diagnose your symptoms, prescribe medication and send the prescription to your local pharmacy.

Telemedicine

Telemedicine provided by Teladoc is available by phone or video 24/7 at no additional cost to you. Use telemedicine for allergies, asthma, ear infections, sinus problems, neck and back pain, nutrition services and more. To get started, **activate your account online**, by phone at **1-800-TELADOC (1-800-835-2362)** or by downloading the **Teladoc mobile app**.

Virtual Primary Care

You have access to virtual primary care services through Teladoc 360. Through this service, you can establish a long-term relationship with a primary care provider while enjoying the ease and convenience of virtual doctor's appointments (primary care copays apply). To get started, download the **Primary360 app** or visit **Teladoc.com/Primary360**.

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 provide important legal information and help you identify your options and address your legal issues
- Personal information organizer to help you organize critical information about 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 similar identities within sexual orientation, gender and sexual preference
- Referring you and your family members to LGBTQIA+ friendly in-person care
- Education, understanding and support around embryo creation questions for same-sex males, reciprocal IVF coverage for same-sex females, fertility preservation coverage for transgender individuals and more
- The Maven app, where members within the LGBTQIA+ community can connect with other Maven members in groups and forums

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. However, 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 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. To learn more, visit the Intuit Benefits site.

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 Teladoc

Simplify your care with convenient, online counseling services through Teladoc — available 24/7. 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.

- Flexible scheduling
- Teladoc is offered as part of your Intuit medical benefits at no additional cost to you or your covered dependents ages 13 and older

Three ways to connect

1. Activate your [account online](#).
2. Call **1-800-TELADOC (1-800-835-2362)**.
3. Download the **Teladoc mobile app**.

Get started on myuhc.com

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 or your covered dependents.

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

Hinge Health

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



To learn more about your Intuit benefits, visit intuitbenefits.com

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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 mental health professional.*

The mental health 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 mental health professional for breast/chest surgery, for example:

- Mastectomy
- Chest reconstruction
- Augmentation mammoplasty

Two referrals

These are required from qualified mental health professionals who have independently assessed the patient for genital surgery, for example:

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

Additional requirements

- If the first referral is from a patient’s therapist, 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 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.

*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 your [Intuit Alight Website](#).

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.

