

Your LGBTQ+ Benefits Guide

Resources to support you and your family





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About this guide

IPG is committed to fostering a safe and inclusive workplace where all employees can be their authentic selves.

The benefits and services in this guide are designed to support you in your career—and in areas of your life outside of IPG. They're built with employees and their dependents who may identify as LGBTQ+ in mind.

Use this guide to understand and access:

- Important benefit information
- HIV services
- Gender-inclusive healthcare
- Family building

One last thing: You'll notice in this guide that we refer to "you" a lot. While certain info may not apply directly to the person who's reading, we're choosing to use the word "you" in case the info does. This way, all readers feel included, valued and respected.

We hope you, your dependents and your loved ones find this guide useful, helpful and meaningful.



Health plan basics

Find out who your plan covers, what coverage includes and how to get support navigating it all

UnitedHealthcare Advocates

For the LGBTQ+ community and their allies, understanding and support go a long way. Our Advocates are trained to provide LGBTQ+ members with quality support—and a welcoming, open environment designed for easier conversations.

Be seen. Be heard. Be you.

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 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 Advocate will call directly on your behalf
- Claim information and authorization, including status, assistance with submission and confirmation of information required



Connect

Call to talk to a caring UnitedHealthcare Advocate today at **1-866-679-0946**



Confidentiality

Your health information is kept confidential in accordance with the law



Family support

Enjoy support for all covered family members, including dependents

Specialized transgender member support

Your UnitedHealthcare Advocate team includes specially trained Advocates who are committed to making the healthcare system work better for members of the transgender community. Work with the same team—and for certain issues, the same Advocate—until the question or concern is resolved.



To talk with a specially trained Advocate, call **1-866-679-0946**.

They are available 7 a.m.–6:30 p.m. CT, Monday–Friday.

General health plan coverage

Medical coverage

Your medical coverage is provided by IPG. Your medical plan administrator is UnitedHealthcare. As part of your medical plan, you automatically receive prescription drug coverage through Express Scripts®.

Who's covered?

You and your eligible dependents including spouse or domestic partner and children up to age 26 (or over age 26 if they meet the definition of child who is disabled) 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 six 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

What's covered?

View your personal coverage

Sign in at [myuhc.com](#)® and click **Coverage & Benefits** to access your annual deductible, out-of-pocket maximum, copay or coinsurance for network and out-of-network coverage.

Access personalized cost estimates

Sign in at [myuhc.com](#) and click **Find Care & Costs** to get the most accurate cost estimates for the plan you have:

- See how much you can expect your specific plan to pay
- Look up network providers for your plan to see cost and quality ratings

Look up general cost estimates—search by:

- Service—like a vaccine or X-ray
- Condition or symptom—like a sore throat
- Doctor, hospital or facility—find a preferred or nearby provider



Did you know?

IPG offers two flexible spending accounts (FSAs). You can save money by using pre-tax healthcare FSA dollars to pay for deductibles, copays and other eligible medical expenses. You can use dependent care FSA dollars to pay for things like child care and adult day care.

Finding a network provider

Choosing a network provider is important because it can help you save significantly on care you receive—and make the claims and billing process much easier. Network providers will bill you only for any applicable deductible, copay or coinsurance. They'll also submit claims right to your medical plan and work with your plan to get prior authorizations.

Commonly asked questions

Q: How do you find out if a provider is an LGBTQ+ ally?

A: Suggestions would be to look at their website or online reviews from other patients, or call and ask if they regularly work with LGBTQ+ patients.

Q: What if someone's not ready to share their 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.

Finding an LGBTQ+ supportive provider



To find a provider who is LGBTQ+ culturally sensitive, visit myuhc.com and tap the **Find Care & Costs** tab. Type **LGBTQ** in the search bar—and you'll be guided to caring providers here to help. If your search only offers ones outside your area, contact a UnitedHealthcare Advocate at **1-866-679-0946**.



General prescription coverage

Find out more about your pharmacy benefits

You automatically receive prescription drug coverage through Express Scripts as part of your medical plan.

Some medications require prior authorization. Please call Express Scripts for details.

If your medication has been denied, your prescriber can file an appeal by contacting Express Scripts. You will also receive a letter that includes the reason for denial, your appeal rights and how to file an appeal. For assistance with filing an appeal, call Express Scripts at the number below.

To learn more about your prescription benefits, contact Express Scripts at **1-877-877-1878** or visit [express-scripts.com](https://www.express-scripts.com).



Preventive care, including HIV services

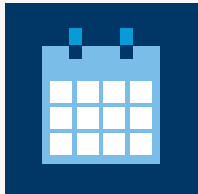
Explore ways to reduce health risks and manage ongoing health conditions

Get preventive care

IPG covers 100% of the cost for preventive care, annual physicals or wellness exams when seen by a network provider. Having a provider you see regularly—one who makes you feel accepted and respected—can help you take charge of your health.

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 infections (STIs)—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



Schedule your appointment today

We're happy to help you schedule your preventive care appointments. Just call a UnitedHealthcare Advocate at **1-866-679-0946**.

*Data rates may apply.

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

Virtual primary care

Managing your health with a primary care physician, or 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 healthcare professionals.* Make an appointment 24/7 to start your virtual primary care relationship today.**

Find more about virtual primary care by going to [uhc.com/virtualcare](#).



HIV services

Today, more tools than ever are available to prevent human immunodeficiency virus (HIV), including the use of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).¹ Treatment for people who have HIV is called antiretroviral therapy (ART). ART may help people live long, healthy lives and prevent them from transmitting HIV to others.²

HIV screening

The only way to know your HIV status is to get screened. Knowing your status gives you powerful information to keep you and your loved ones healthy. HIV screenings are 100% covered under the medical plan, when performed by a network provider. People at increased risk for HIV infection should get screened more often.* To learn more about the risk factors, visit the Centers for Disease Control and Prevention website.³

HIV prevention

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 three months

PEP

Post-exposure prophylaxis (PEP) medicine is meant to be taken after possible exposure to prevent HIV. PEP should only be used in emergency situations and must be started within 72 hours after a recent possible exposure to HIV. Cost-sharing applies, including deductibles, copays or coinsurance.



Talk to your healthcare provider about potential risk factors and what screening, preventive and treatment options are available.

*As recommended by your physician.

HIV services (cont'd)

HIV treatment

Once HIV treatment is started, it usually takes three to six months for the 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.⁴

There are two types of HIV treatment, or ART:

- **Pills:** Antiretroviral therapy (ART) usually involves taking a combination of HIV medicines (called an HIV treatment regimen) every day. A person's initial HIV regimen generally includes three antiretroviral (ARV) drugs from at least two 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 three months may consider shots. HIV treatment shots are long-acting injections given by your healthcare provider and require routine office visits (once a month or once every other month, depending on your treatment plan).

For more information, talk to your healthcare provider. The coverage for HIV treatment includes medications as well as necessary network clinic visits and lab tests. Cost-sharing applies, including copays and deductibles.

For more information about your prescription medication coverage, visit [express-scripts.com](https://www.express-scripts.com) or call **1-877-877-1878**.



Transgender and nonbinary care

Find care that understands and honors who you are

Transgender and nonbinary inclusive healthcare

Gender-affirming care encompasses a range of social, psychological, behavioral and medical interventions to support an individual's gender identity. Treatment options include behavioral therapy, psychotherapy, hormone therapy and surgery for gender-affirming care. In order to receive gender-affirming procedures, you or your dependent need a formal diagnosis of gender dysphoria from a provider.

Gender-affirming procedures and services may include:

- Behavioral health
- Breast/chest surgery*
- Genital surgery*
- Hormone therapy*
- Hair removal required for reconstructive surgery*



UnitedHealthcare provides its members with a dedicated team of Advocates for gender dysphoria. Call **1-866-679-0946** 7 a.m.–6:30 p.m. CT, Monday–Friday.

*Requires prior authorization.



What's covered for gender-affirming procedures

Covered services*

When applicable coverage criteria are met, the following surgical/nonsurgical procedures may be covered:

- Bilateral mastectomy or breast reduction
- Breast enlargement, including augmentation mammoplasty and breast implants
- Clitoroplasty (creation of clitoris)
- Continuous hormone therapy, including puberty suppression 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
- Tracheal shave
- Travel and lodging: \$10,000 lifetime maximum. Must be using a network provider more than 50 miles from your residence and within the U.S.
- 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.



What you need to know

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

Get the most out of your coverage

Whether you're 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.

Eligibility

Gender-affirming surgical procedures may be covered for employees, spouses/domestic partners and dependents enrolled in a medical plan if they meet the applicable medical policy criteria:

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. Favorable psychosocial-behavioral evaluation to identify risk factors or potential post-operative challenges
5. Have lived full-time in their identified gender for 12 months prior to genital surgery
6. Completion of six months of continuous hormone therapy prior to surgery is required for voice masculinization, and completion of 12 months of continuous hormone therapy is required for breast augmentation and genital/gonadal surgeries (unless medically contraindicated)
7. Clinical assessments from qualified healthcare professionals

Note: Prior authorization is required for all of these services.

Enriching 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 Advocate for assistance.

*This refers to chronological age, not biological age.

What you need to know (cont'd)

Clinical assessments

A clinical assessment is an important step for determining eligibility for gender-affirming procedures. A qualified healthcare professional* provides documentation—in the chart and/or clinical assessment letter—of the patient's personal treatment history, progress and eligibility.

One clinical assessment

This is required from a qualified healthcare professional for all gender-affirming care, including hormone therapy, voice modification therapy, tracheal shave and breast/chest surgery.

Two clinical assessments

These are required from qualified healthcare professionals who have independently assessed the patient for genital surgery.

To begin a clinical assessment, have your provider contact UnitedHealthcare at **1-800-326-9166**.

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



What you need to know (cont'd)

Prior authorization

This section covers the prior authorization process for determining if a service is covered by your plan. **Helpful hint:** Call an Advocate as soon as you begin to consider surgery or continuous hormone therapy to let us help you navigate your journey.



Search: We can help you find the right providers for you and also understand the importance of using network providers.



Verify: UnitedHealthcare reviews the request to verify the service is a covered benefit, meets the criteria for coverage and is performed at the appropriate place.



Find: When you visit a network doctor for care, the physician may identify a service that requires prior authorization. If you have trouble, call UnitedHealthcare.



Inform: UnitedHealthcare will inform you and your doctor about the benefit coverage determination. Together, you should review the determination letter and chart out a course of care.



Inquire: Your doctor should contact UnitedHealthcare to ask about the proposed service.



Claim: Upon approval, you and your doctor will be notified.
Helpful hint: Reach out to an Advocate if notification hasn't occurred.

Submitting claims (Learn about what you may need)

• For network providers

- They may submit claims for services you receive

• For out-of-network providers

- You may need to submit claims for eligible healthcare services
- To receive payment for a claim, services must be covered by the plan (See “Prior authorization” section)

Two options to submit a claim for out-of-network providers if your provider's office will not submit the claim for you:

1. Call a UnitedHealthcare Advocate at **1-866-679-0946**.
 - An Advocate can submit the claim for you. They will work with your provider's office to complete your Claim Submission Form.
2. Or, you can submit a form online by following these steps:
 - a. Sign in to [myuhc.com](#)
 - b. Select **Claims & Accounts** tab
 - c. Select **Claims**
 - d. Select the type of claim—either a medical claim or mental health claim
 - e. Submit your claim using the online forms

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 (SPD). 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 may contact UnitedHealthcare Advocates at **1-866-679-0946**.

Behavioral health support

Make your mental health a priority with support for life's challenges — big and small

Behavioral health benefits

Whatever challenges you're dealing with, your medical benefits include a network of behavioral health clinicians who will offer confidential support with:

- Stress and anxiety
- Depression
- Substance use
- Attention-deficit/hyperactivity disorder (ADD/ADHD)
- Bipolar and related disorders
- Trauma and post-traumatic stress disorder (PTSD)
- Grief and loss
- Eating disorders
- Impulse control disorders, and much more

Virtual behavioral healthcare

From the privacy of home and the convenience of your mobile device* or computer, you can receive caring support from a licensed therapist. Virtual therapy offers confidential counseling and includes:

Private video sessions

Get 1-on-1 support—in your home and at a time that's convenient for you.

Help with coping—for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

*Data rates may apply.

Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

To find a provider and schedule a visit, sign in or register at [myuhc.com](#). Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.



Behavioral health providers

Sometimes, finding a therapist you feel safe and comfortable with can make all the difference. At [myuhc.com](#), you can search for behavioral and mental health providers who list themselves as LGBTQ+ supporters. Tap the **Find Care & Costs** tab and type LGBTQ in the search bar. You'll be guided to caring providers who are here to help.

If you, or someone you know, are experiencing thoughts about harming yourself, or suicide, or if this is urgent and an emergency, call **911** or the 988 Suicide & Crisis Lifeline at **988**.

Employee Assistance Program (EAP)

We understand that life can sometimes be complicated. You are automatically provided an Employee Assistance Program (EAP) through CCA@YourService. The EAP is available at no cost to you, your family and anyone important in your daily life. By calling **1-800-833-8707** anytime of the day or night, you can receive confidential referrals to resources and assistance for nearly any personal matter you may be experiencing.

You are eligible for up to eight free sessions per issue per year—in person or virtually—for any matter on your mind. Work-life specialists can provide you with access to such services as financial and legal consultation, parenting and family services, pet care, convenience services, and more.

You can also visit: myccaonline.com (company code: **IPGUS**), to find these helpful tools:

- Resource locators
- Real estate calculators
- Legal and financial resources
- Health and wellness tools, including healthy recipes
- Articles and videos on just about anything to support you in your daily life!



Additional programs and resources

Self Care by AbleTo®

Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With AbleTo, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment.

Sign in to myuhc.com and look for the Self Care tile to get started.

Talkspace

With Talkspace online therapy, you can regularly communicate with a licensed therapist, 24/7.

- Find a therapist with an online matching tool
- Start therapy within hours of choosing your therapist
- Message your therapist whenever—no appointments necessary
- Get messages back throughout the day, five days a week
- Choose real-time face-to-face video visits by appointment, when needed
- Access Talkspace Psychiatry to schedule live video sessions with a psychiatrist trained in mental healthcare and prescription management for a tailored treatment plan

Simply register (first visit only), choose a provider and message anywhere, anytime at talkspace.com/connect. Copays or deductibles will apply.



Family building

Find information and resources for planning a pregnancy, fertility treatment coverage and more

Family building

We know planning a family can be expensive and overwhelming. To ease the financial burden and give you peace of mind, take advantage of the Family Building Benefit, through Maven, which gives you 24/7 access to digital tools and personal support and reimburses up to a maximum of \$10,000 per year for covered expenses related to elective egg freezing, adoption or surrogacy. Some of the eligible expenses include adoption fees, court costs, attorney fees and travel expenses. You are automatically eligible for this plan. You must be enrolled in the medical plan to be eligible for reimbursement for egg- and sperm-freezing. You do not need to be enrolled in the medical plan to be eligible for the expenses incurred for surrogacy and adoption.

Maven provides unlimited access to:

- Easy expense management through Maven Wallet for adoption, surrogacy and egg-freezing services
- Reimbursements for surrogacy or elective egg- or sperm-freezing costs, which are included in wages for tax purposes and are subject to withholding. Except for certain adoption-related reimbursements that are excluded from taxable income, the net amount paid will be less than 100% of qualified expenses.



For more information

Call Fertility Solutions at **1-866-774-4626**.

Fertility Solutions

The road to parenthood is unique for each person. If you are struggling with starting a family or simply have questions or need information, UnitedHealthcare Advocates can help. Fertility Solutions can help you find a specialist; learn about fertility preservation, intrauterine insemination (IUI) and in vitro fertilization (IVF); locate a Center of Excellence; and more. You are eligible for infertility coverage treatment up to a lifetime maximum of \$20,000 if you use a Center of Excellence or \$8,000 if you do not use a Center of Excellence.

Any expenses incurred under the Fertility Solutions benefit are not eligible for reimbursement under the Family Building benefit administered by Maven.



Family building support through Maven

If you're considering planning or building your family, you now have a program that offers virtual preconception resources from Maven and support from experienced fertility nurses. Access support for all pathways to parenthood, including preconception and fertility treatment, adoption and surrogacy. All are available to you at no additional cost as part of your health benefits.

- **Personalized support:** A Maven Care Advocate can connect you to educational resources and support for family building, and also support for coping with the challenges of possible treatment options.
- **Clinical guidance:** An experienced fertility nurse can provide you with information about available treatment options and help you find fertility Centers of Excellence (COEs) to get care from specialists.
- **24/7 virtual access:** It's designed to be easy to sign up, book appointments and explore a library of virtual classes.
- **Virtual resources:** On-demand video appointments and chats with top-rated providers, including OB-GYNs, adoption and surrogacy coaches, pediatricians and more
- **Reference center:** A library of content and virtual classes that allow you to learn at your own pace
- **Expert-designed programs:** Available resources for fertility, family building, maternity, newborn support, parenting and pediatrics



Get started by visiting mavenclinic.com/join/uhc-fs or downloading the Maven Clinic app.



Additional LGBTQ+ resources

Get quick access to contact information and answers to frequently asked questions

Support, advocacy and community

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 Lifeline at **988**.



Learn more

Find more LGBTQ+ resources at pride365plus.com

Mental health

The Trevor Project – National Youth LGBTQ Crisis Intervention and Suicide Prevention

1-866-488-7386

Text START to 678-678

thetrevorproject.org

988 Suicide & Crisis Lifeline at 988

Text HOME to 741741

988lifeline.org

National Domestic Violence Hotline

1-800-799-7233

Text START to 88788

thehotline.org

National Alliance on Mental Illness (NAMI)

1-800-950-NAMI (6264)

[Text Helpline to 62640](https://www.namihelp.org)

National Sexual Assault Hotline

1-800-656-HOPE (4673)

Chat online at:

hotline.rainn.org/online

Black Mental Health Alliance (BMHA)

blackmentalhealth.com

CenterLink LGBTQ Community Center

Member Directory

lgbtqcenters.org/LGBTCenters

Health Professionals Advancing LGBTQ+ Equality

glma.org

The LGBT National Help Center

lgbtnationalhelpcenter.org

National Queer and Trans Therapists of Color Network

nqttcn.com/directory

Trans Lifeline

translifeline.org

PFLAG (Parents, Families and Friends of Lesbians and Gays)

pflag.org

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**

Time-off resources

STD

The Short-Term Disability (STD) plan, administered by The Hartford, protects your income in the event of an illness or injury. The STD plan pays a percentage of your weekly base earnings for up to 26 weeks when you are unable to work due to a qualifying non-work-related illness or injury, including pregnancy.

EFL

An employee who has worked for IPG and/or its subsidiaries for at least one month is eligible for up to 12 weeks of paid Employee and Family Leave (EFL) for Family and Medical Leave Act (FMLA)–eligible leaves. Qualified part-time employees are eligible for EFL on a pro-rated basis.

EFL can be used to:

- Supplement 50% STD days when the leave is for an employee's own medical condition
- Provide 100% pay for any qualified FMLA leave that is otherwise unpaid (e.g., baby bonding, adoption, caring for a family member as defined under FMLA)
- Provide 100% pay for the employee's own health condition that is covered under FMLA but does not meet the requirement of the STD policy (e.g., intermittent medical treatment lasting for less than five continuous days)

Any applicable state benefits that an employee receives, e.g., Paid Family Leave, will be offset from STD or EFL payments. The number of weeks paid at 100% will be based on your length of service.



FAQ

Q: Why is it important to use network providers?

A: Network providers generally:

- Bill the patient only for applicable deductibles, copays and/or coinsurance
- Submit claims on behalf of members directly to the plan
- Work with the plan to gain the appropriate prior authorizations
- Have passed the accepted credential review and quality requirements for UnitedHealthcare
- Use network facilities, labs and other providers

Out-of-network providers generally:

- Bill patients for deductibles, 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
- May not submit claims directly to insurance companies, leaving the patient to obtain reimbursement
- May not have passed the accepted credential review and quality requirements for UnitedHealthcare
- May use out-of-network facilities, labs or other providers

Q: Can billing surprises be avoided?

A: To avoid surprise costs:

- Stay in contact with a UnitedHealthcare Advocate about upcoming services
- Be aware that using out-of-network providers increases the risk of surprise bills later



FAQ (cont'd)

Q: What if a network provider is not available?

A: If a network provider is not available within 30 miles of the patient's home, contact a UnitedHealthcare Advocate, who can provide direction for "Network Gap Exception." A "Network Gap Exception" approval allows the plan to pay claims for approved services at the network level of benefits. It is at the provider's discretion as to whether they will agree to a discounted rate, require payment up front or submit claims directly to the plan.

Q: How can I find a network provider?

A: To find a network provider for:

- **Behavioral health and medical services** – Call a UnitedHealthcare Advocate, or sign in to myuhc.com, choose **Find Care & Costs** and type LGBTQ in the search bar
- **Hair-related services** – Call a UnitedHealthcare Advocate for assistance

Q: What if I choose to use an out-of-network provider?

A: If there are network providers within 30 miles of your home but you choose to use an out-of-network provider, coverage will be subject to out-of-network benefits, and you will be responsible for costs not covered by your health plan.



Contacts



UnitedHealthcare Advocates 1-866-679-0946

Cost of care

[myuhc.com](#)

Click **Coverage & Benefits** to access your annual deductible, out-of-pocket maximum, copay or coinsurance for network and out-of-network coverage

Find a provider

[myuhc.com](#)

Tap **Find Care & Costs** tab, then type LGBTQ in the search bar

HRC provider search

hrc.org/resources/hei-map

Virtual care

uhc.com/virtualcare

Prescription benefits

1-877-877-1878
express-scripts.com

Behavioral health

Employee Assistance Program (EAP)

1-800-833-8707

myccaonline.com (company code: IPGUS)

LGBTQ+ ally providers

Tap **Find Care & Costs** tab, then type LGBTQ in the search bar

Pride365+

pride365plus.com

Virtual care

[myuhc.com](#) > **Find Care & Costs** > **Virtual Care** > **Behavioral Health Care** > **Get Started** and call the provider to set up an appointment

Self Care by AbleTo®

[myuhc.com](#) and look for the Self Care tile to get started

Talkspace

talkspace.com/connect

LGBTQ+ healthcare

The National LGBTQIA+ Health Education Center

lgbtqiahealtheducation.org

Transgender-specific care

UnitedHealthcare Advocates

for help with gender dysphoria

1-800-326-9166

Family building

Maven

mavenclinic.com/join/uhc-fs

Leave of absence

The Hartford

1-866-432-6723

TheHartford.com/mybenefits

Disclaimers

¹ <https://www.cdc.gov/hiv/basics/prevention.html>.
² <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/what-start-choosing-hiv-treatment-regimen>.
³ <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html#:~:text=CDC%20recommends%20that%20everyone%20between,find%20out%20your%20HIV%20status>.
⁴ <https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html>.

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 are services 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 that 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. 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. 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 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.

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 healthcare 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 healthcare 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 911. 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.

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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 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.

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