



YOUR RESOURCE GUIDE

AMC Networks and UnitedHealthcare provides this guide to help you find up-to-date transgender and nonbinary health resources to support you and your family.



ABOUT THIS GUIDE

At AMC Networks, we’re committed to diversity, equity, inclusion, and we strive to provide comprehensive benefit programs to help all employees, including transgender, nonbinary, gender-nonconforming and LGBTQIA+ employees. We’re proud to support the unique health care needs of our employees and their families.

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, if you are enrolled in an AMC Networks Medical Plan through UnitedHealthcare, this guide can be a useful starting point.



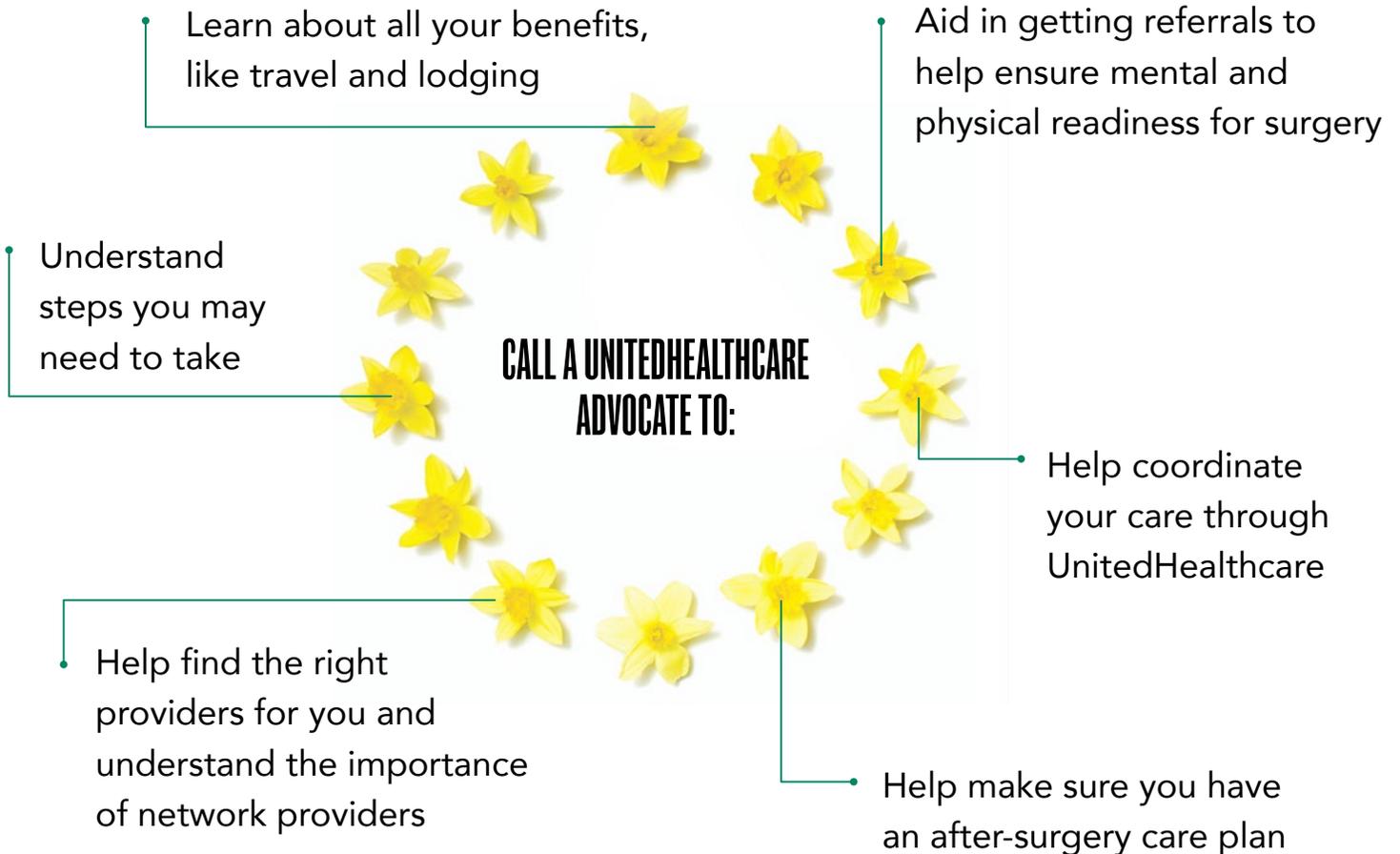
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WE'RE HERE TO HELP YOU THROUGHOUT YOUR JOURNEY

No matter where you are as you're receiving care—from considering surgery to recovering afterward—you* have support every step of the way.

Your UnitedHealthcare Advocates are here to help with everything from providing information about benefits coverage to helping you make decisions about care for you and your family.



*UnitedHealthcare Advocates and the specific transgender-affirming care discussed in this guide are available to employees who are enrolled in an AMC Networks Medical Plan and their dependents age 18 and older who are enrolled in an AMC Networks Medical Plan.

UNITEDHEALTHCARE ADVOCATES

Simplifying your health care experience starts here. You have access to an experienced team of advocates dedicated to helping you. Our advocates receive training to provide quality support to members of the transgender, nonbinary, gender-nonconforming and LGBTQIA+ communities.*

WHAT TO EXPECT

CONFIDENTIALITY

Your health information is kept confidential in accordance with the law.

FAMILY SUPPORT

Support for all covered family members, including dependents.

Age restrictions for certain treatments may apply.

HAVE QUESTIONS?

GET HELP FINDING ANSWERS. IT CAN BE THAT SIMPLE.

Call a UnitedHealthcare Advocate—
800-842-5658 (Choice Plus Plan) or **866-734-7670** (CDHP) Monday – Friday, 8 a.m. – 8 p.m. local time.

myuhc.com[®] gives you 24/7 access to your health plan details, tools and resources—all in one spot. To get started, sign in to **myuhc.com** then click “Coverage & Benefits.”

The **UnitedHealthcare**[®] **app** gives you easy access to this information when you’re on the go. Secure messaging available. Available for Apple[®] and Android[®].

HOW IT WORKS

CONNECT

Call to talk with an advocate and connect with caring support for you and your family.

ANSWER

An advocate will work with you to help you understand prerequisites and coverage if you are thinking about or planning sex reassignment surgery (SRS), locate a specialist, explain HSAs and more.

SUPPORT

Get help finding answers to your health- and benefits-related questions. 8 a.m. – 8 p.m. local time.



*Advocates have specific training, developed with assistance and in conjunction with the National LGBTQIA+ Health Education Center, on providing quality support to the LGBTQ+ 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.



YOUR HEALTH PLAN

Visit thesource.amcnetworks.com to learn more about the AMC Networks health plan benefits.

MEDICAL BENEFITS

Access information about your AMC Networks Medical Plan administered by UnitedHealthcare. Sign in to myuhc.com.

PRESCRIPTION BENEFITS

View your medications at a glance, refill prescriptions, sign up for home delivery and more. Sign in to myuhc.com.

BEHAVIORAL HEALTH

Search for behavioral health providers and connect with helpful tools, tips and more. Sign in to myuhc.com.

AMC Networks offers other emotional well-being programs outside of your health plan — see page 10.

A smiling man with a shaved head, wearing a dark blue V-neck sweater over a light-colored shirt, is sitting at a desk. He is holding a blue pen over an open notebook. He is wearing a watch on his left wrist and a colorful beaded bracelet on his right wrist. The background is a dark wall with a potted plant on the right.

Find information on what's covered by your health plan, steps you may need to take and more.

LET'S GET SPECIFIC

Questions about any of these details?

Call a UnitedHealthcare Advocate at **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP), 8 a.m. – 8 p.m. local time.

WHAT'S COVERED	Learn specifics of what services are covered.
FINDING NETWORK PROVIDERS	Get help finding a network doctor or specialist to help reduce out-of-pocket costs.
PRESCRIPTIONS	Find out more about your pharmacy benefits through OptumRX.
BEHAVIORAL HEALTH SUPPORT	Learn about your options for help supporting your mental well-being.
FAMILY BUILDING BENEFITS	Access additional resources to help you grow your family.
STEPS	
GETTING APPROVALS	Get information about prior authorizations that may be required for certain services.
REQUIRED REFERRAL(S) FOR SURGERY	Find out more, such as who has to write referral(s), how many you need, plus information on what they must contain.
SUBMITTING CLAIMS	Learn about any additional details on submitting claims.

WHAT'S COVERED

Here are some examples of covered services.* Please call and work with a UnitedHealthcare Advocate to confirm your benefit options.

- Body Movement Coach, other professionals.
- Breast Surgery/Chest Surgery
- Breast Augmentation
- Breast Implants
- Fertility Preservation
- Mastopexy (breast lift)
- Nipple/areola reconstruction
- Tissue expander placements
- Revision of a reconstructed breast
- Wigs
- Travel and lodging: A combined overall maximum benefit of \$10,000 per covered person applies for all travel and lodging expenses reimbursed under this plan in connection with pre-operation and post-operation/gender reassignment surgery specific to genital surgery during the entire period that person is covered under this plan. Must be using a designated facility more than 50 miles from your residence.
- Voice surgery and communication therapy and more

*Some of these services may require prior authorization. Call a UnitedHealthcare Advocate to confirm your benefit options at 800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP).

FINDING NETWORK PROVIDERS

We're here to help you find the right doctor or specialist.

Call a UnitedHealthcare Advocate at **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP).

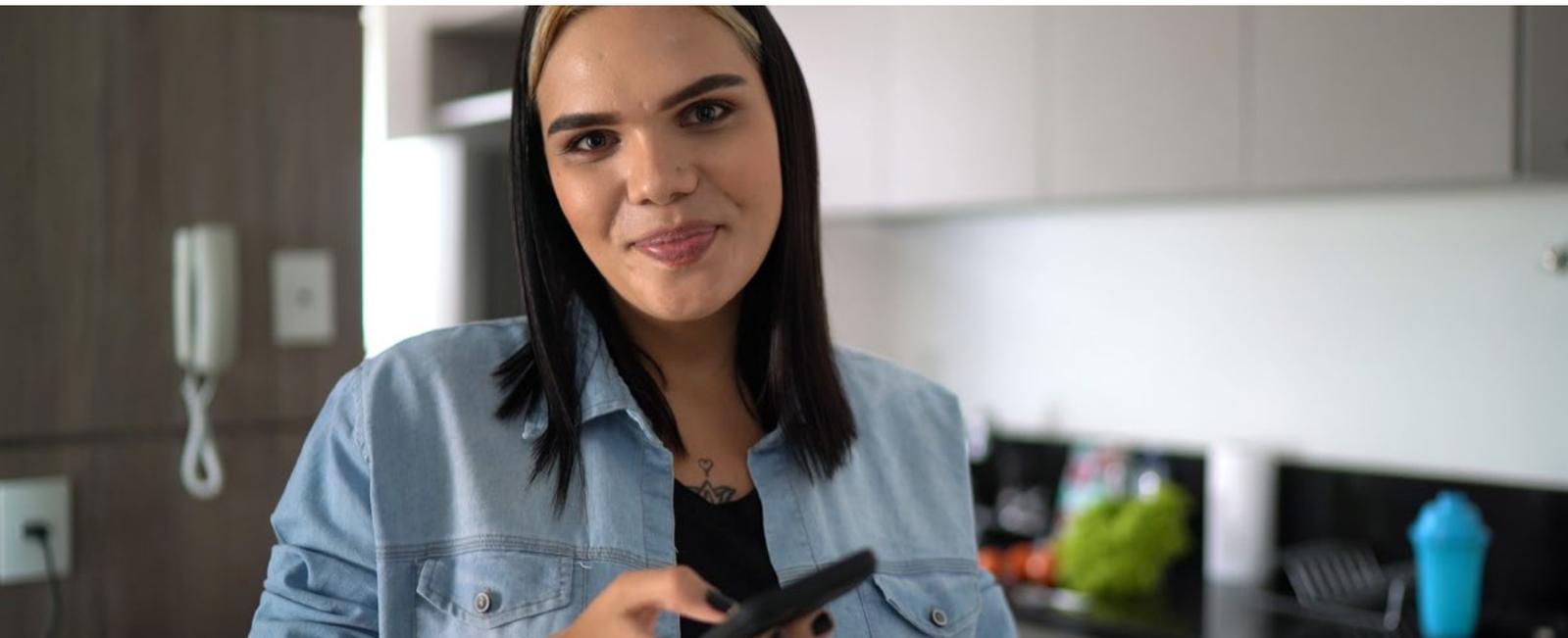
We can search for transgender- and nonbinary-affirming providers.

NOTE:

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.

IMPORTANT

A full list of covered services is available in your Summary Plan Description, which can be found on thesource.amcnetworks.com.





PRESCRIPTIONS

Find out more about your pharmacy benefits. OptumRX is your pharmacy benefits manager. You automatically have prescription coverage through OptumRX when you sign up for an AMC Networks Medical Plan.

MANAGE YOUR PHARMACY BENEFITS.

1. Sign in to myuhc.com.
2. Call OptumRX at **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP).
3. To manage your medications on the go, download the **UnitedHealthcare app**.

FILL YOUR PRESCRIPTIONS.

1. **Delivered to your door.** Order up to a 3-month supply of eligible medication you take regularly with home delivery.
2. **Pick up at the pharmacy.** Make sure you use a network pharmacy for coverage under the AMC Networks Medical Plan.

BEHAVIORAL HEALTH SUPPORT

AMC Networks supports you in being your authentic self and offers a suite of benefits to support the whole you. For behavioral health support, see the options below and connect with helpful tools, tips and other resources.

CONNECT THROUGH UNITEDHEALTHCARE BEHAVIORAL HEALTH SERVICES

Access traditional behavioral health services or simplify your behavioral health care with convenient, online counseling appointments through UnitedHealthcare virtual visits. Use your mobile device or computer to see and speak with a psychiatrist or therapist online.

- No commuting
- Flexible scheduling
- No crowded waiting rooms

THREE STEPS TO CONNECT

1. Register on myuhc.com.
2. Schedule an appointment that's convenient for you.
3. Use your mobile device to talk with a psychiatrist or therapist.

ABOUT BEHAVIORAL HEALTH SERVICES

- **Confidential** in accordance with the law
- **Family support** for all enrolled dependents
- **24/7 access** over the phone and online

IMPORTANT

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**.

HEALTH ADVOCATE — YOUR EMPLOYEE ASSISTANCE PROGRAM

Health Advocate provides confidential, proven care to support you through the stresses and challenges you manage in your daily life. Through Health Advocate, you also have access to services including:

- 24/7 access to clinicians by phone
- Access to short-term counseling and crisis services
- Help with emotional well-being related to grief, loss, anxiety, depression and other concerns
- Assistance with everyday challenges, including home repairs and other referrals

This service is available at no additional cost to full-time and part-time regular AMC Networks employees and household members. To get started, call **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP) or visit healthadvocate.com/amcnetworks.

DOWNLOAD SELF CARE BY ABLETO

With the Self Care by AbleTo app you can track your daily mood, access coping tools and courses, and take guided journeys to build life skills.

This service is available at no additional cost when enrolled in a UnitedHealthcare administered AMC Networks Medical Plan.

Self Care is accessible via computer, phone or app. To sign up for Self Care, members will need to create an account and register on ableto.com/begin. Once registered, members can download the app.



To get more information, visit thesource.amcnetworks.com for all of the AMC Networks benefits available to you.

FAMILY BUILDING BENEFITS

ADOPTION ASSISTANCE PROGRAM

If you are thinking about adoption, AMC Networks is here to help. With the Adoption Assistance Program, you have support to cover the costs of bringing a new child into your family. Employees who are adopting children are eligible for reimbursements up to \$10,000 per adoption and a \$30,000 per employee/family lifetime maximum. To learn more about the program, please contact Total Rewards/Benefit Department at Benefits@amcnetworks.com.

FERTILITY SOLUTIONS

If you or your eligible spouse or domestic partner are enrolled in one of the UnitedHealthcare administered medical plans offered by AMC Networks, you have access to the Fertility Solutions program.

This program covers up to \$35,000 (lifetime maximum) for procedure/treatment and medications combined plus 1 year of storage. To get started, call **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP) or visit myuhc.com.

PARENTAL LEAVE/ CAREGIVER LEAVE

Parental leave provides leave for all new parents. AMC Networks offers up to 6 weeks of leave with pay. Additional leaves may be available. Full-time and part-time regular employees are entitled to leave in the event of the birth, adoption or placement of a child.

In addition, we also have a Caregiver Leave that pays up to 6 weeks at 100% of pay to care for a seriously ill family member.



Gender dysphoria describes the distress that someone experiences when their gender identity doesn't match their gender and sex assigned at birth. Find more information on the [**American Psychiatric Association website.**](#)

Learn what you need to know if you or a family member is considering gender affirmation surgery.

GETTING APPROVALS

This page covers the prior authorization process for determining if a service is covered by your plan.

Helpful hint: Call an advocate to begin the approval process **at least 60 days** before you're planning to have surgery.

1. SEARCH

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

2. 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 questions, call UnitedHealthcare.

3. INQUIRE

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

4. VERIFY

UnitedHealthcare reviews the request to verify the service is a covered benefit and medically necessary* and performed at the appropriate place.

5. 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.

6. CLAIM

Upon approval, doctor and member will be notified.

Helpful hint: Reach out to an advocate if notification hasn't occurred.



IMPORTANT

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.

REQUIREMENTS

You or your eligible family member must meet all of the following requirements before surgery.

REQUIREMENTS FOR BREAST/CHEST SURGERY

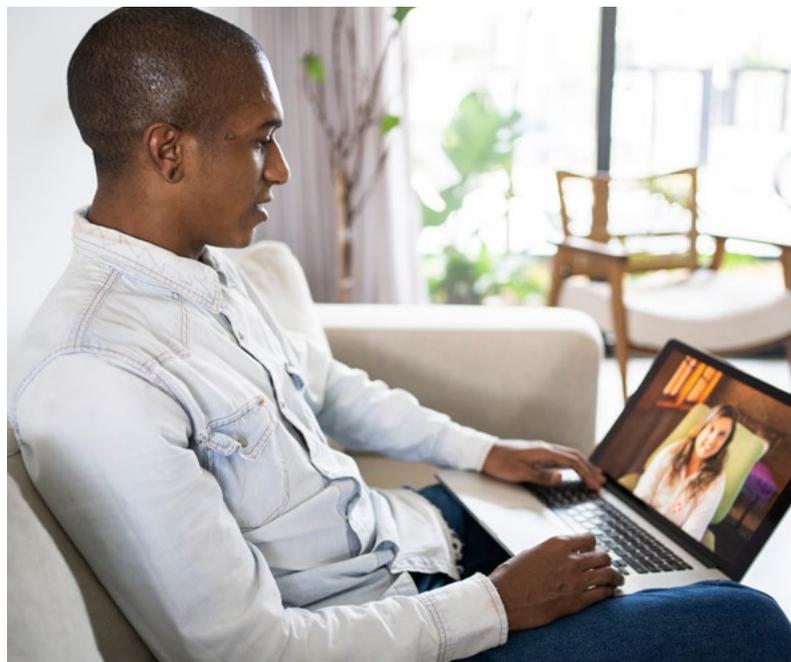
1. Persistent, well-documented gender dysphoria
2. Capacity to make a fully informed decision and consent for treatment
3. Must be 18 years of age*
4. If significant medical or mental health concerns are present, these must be reasonably well-controlled

REQUIREMENTS FOR BREAST/CHEST SURGERY

ADDITIONAL REQUIREMENTS FOR GENITAL SURGERIES:

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***

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.

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 1 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.

SUBMITTING CLAIMS

Learn about when you may need to submit a claim

FOR NETWORK PROVIDERS

They will submit claims for services you receive.

FOR OUT-OF-NETWORK PROVIDERS

You will need to submit claims for eligible health care services.

To receive payment for a claim, services must be determined to be medically necessary* by UnitedHealthcare. (See "Getting approvals" section.)

TWO OPTIONS TO SUBMIT A CLAIM FOR OUT-OF-NETWORK PROVIDER SERVICES

1. Call a UnitedHealthcare Advocate at **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP). 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:
 - Sign in to myuhc.com
 - Select the "Claims & Accounts" tab
 - Select "Claims"
 - Select the type of claim—either a medical claim or mental health claim
 - Submit your claim using the online forms

*Aligned with WPATH standards and/or recognized professional society guidance.



FAQ

WHY IS IT IMPORTANT TO USE NETWORK PROVIDERS?

NETWORK PROVIDERS GENERALLY:

- Bill the patient only for applicable deductible, copays and/or coinsurance
- Only bill the patient after the claim has been processed
- Submit claims on behalf of members directly to the plan
- Cooperate in getting the appropriate prior authorizations
- Have passed UnitedHealthcare’s credential review and quality requirements
- Use network facilities, labs and other providers

OUT-OF-NETWORK PROVIDERS GENERALLY:

- The difference between their billed amount and the covered amount patients are billed for deductible, copays and/or coinsurance.
- May require full payment prior to the services being rendered
- Will not submit claims directly, leaving the patient to obtain reimbursement
- Have not passed UnitedHealthcare’s credential review and quality requirements
- May use out-of-network facilities, labs or other providers

Note: Facility-based providers, such as radiologists, anesthesiologists and assistant surgeons are often out-of-network, regardless of whether the primary surgeon and facility are network providers. 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.

HOW CAN YOU FIND A NETWORK PROVIDER?

Behavioral health services— Call a UnitedHealthcare Advocate or sign in to myuhc.com, choose “Find Care & Costs” and search in the Mental Health directory. **Helpful hint:** Use the “Area of Expertise” search tool to identify transgender- and nonbinary-affirming providers.

Medical services— Call a UnitedHealthcare Advocate for assistance.

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, you may be responsible for costs not covered by your health plan.

WHAT IF A NETWORK PROVIDER IS NOT AVAILABLE?

Contact a UnitedHealthcare Advocate, who can provide direction for asking 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 non-network providers when there is no care available within 30 miles. 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.

To access the Gap Exception Request Form, go to uhcprovider.com or click [here](#). You can bring the form to your provider and they can upload the form on your behalf to uhcprovider.com. If you or your provider have questions, call **800-842-5658** (Choice Plus Plan) or **866-734-7670** (CDHP).

FAQ CONTINUED

HOW DO WE AVOID SURPRISES?

- 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

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 ADVOCATES?

A UnitedHealthcare Advocate can help with:

- Benefit questions, such as what is covered and how much the plan may pay
- Finding a network provider; a personal advocate will call providers directly
- Claim information, such as status, assistance with submission, confirmation of information required
- Authorization, such as status, confirmation of information required

HOW DO YOU FIND THE COST OF CARE?

VIEW YOUR PERSONAL COVERAGE

- Sign in on 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 on myuhc.com and click “Find Care & Costs” to get cost estimates for the plan you have:
 - See how much you might 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 sore throat or sports injury
- Doctor, hospital or facility — find a preferred or nearby provider

Click [here](#) to view estimates.

IMPORTANT CONTACT INFORMATION

BENEFIT	PHONE NUMBER	WEBSITE/EMAIL
Adoption Assistance Program		Benefits@amcnetworks.com
OptumRX	800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP)	myuhc.com
Fertility Solutions	800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP)	myuhc.com
UnitedHealthcare Advocates on the Gender Identity Support Team	800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP) Monday – Friday 8 a.m. – 8 p.m. local time	myuhc.com
Health Advocate	866-799-2728	healthadvocate.com/amcnetworks.com
UnitedHealthcare medical benefits	800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP)	myuhc.com
UnitedHealthcare virtual behavioral health visits	800-842-5658 (Choice Plus Plan) or 866-734-7670 (CDHP)	myuhc.com



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 thesource.amcnetworks.com.

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.

This guide is for U.S.-based AMC Networks employees and their families.
Updated October 2022

*Aligned with WPATH standards and/or recognized professional society guidance.
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