

Connecting the LGBTQ+ community to care and support

United Healthcare® | AMC GLOBAL MEDIA

Home

Table of contents

About this guide 3

Health plan basics

UnitedHealthcare Advocates 5
General health plan coverage 6
- Medical coverage 6
- Who's covered? 6
- What's covered? 6

Finding a network provider 7
General prescription coverage 8

Preventive care including HIV services

Get preventive care 10
HIV services 11–12
- HIV screening and prevention 11
- HIV treatment 12

Transgender and nonbinary care

Transgender and nonbinary inclusive health care 14
What's covered for gender-affirming procedures 15
What you need to know 16–18
- Eligibility 16
- Clinical assessments 17
- Prior authorization 18
- Submitting claims 18

Behavioral health support

Behavioral health benefits 20
Employee Assistance Program (EAP) 21
Additional programs and resources 22

Family formation

Family planning 24
Fertility treatments 25-26
Family planning programs 27-28

Additional LGBTQ+ resources

Support, advocacy and community 30
FAQ 31–32
Contacts 33

About this guide

AMC Global Media 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 AMC Global Media. They're built in mind with employees and their dependents who may identify as LGBTQ+.

Use this guide as an easier way to find points of contact who'll help you better understand and access:

- Important benefit information
- HIV services
- Gender-inclusive health care
- Family formation

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

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 **1-877-702-6348**



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 Care Advisors who are committed to making the health care system work better for members of the transgender community. Work with the same team – and for certain issues, the same Care Advisor – until the question or concern is resolved.



To talk with a specially trained Care Advisor, call **1-800-326-9166.**

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 AMC Global Media. Your medical plan administrator is UnitedHealthcare. As part of your medical plan, you automatically receive prescription drug coverage through Optum Rx®.

Who's covered?

You and your eligible dependents including spouse, domestic partner and children up to age 26 (or over age 26 if they meet the definition of a 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 6 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

Visit **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 sore throat
- Doctor, hospital or facility – find a preferred or nearby provider



Did you know?

With a dependent care flexible spending account (FSA), you can save money – federal tax free – to pay for things like day care, child care, preschool, summer day camp and adult day care. Your account information is available anytime at **myuhc.com.**

Finding a network provider

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** 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.

General prescription coverage

Find out more about your pharmacy benefits

Optum Rx is your UnitedHealthcare plan's pharmacy care services manager.

Manage your pharmacy benefits:

Sign in at
myuhc.com
client.optumrx.com/login

Call a UnitedHealthcare Advocate for help at
1-877-702-6348

To manage your medications on the go, download the
UnitedHealthcare® app
OptumRx 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. There's no charge for standard shipping to U.S. addresses.
2. **Pick up at the pharmacy.** Make sure you use a network pharmacy. You will need to show your UnitedHealthcare health plan ID card.

Set up medication reminders

Use **myuhc.com** or the **UnitedHealthcare app** to set up reminders for when to take your medication and order refills.



Preventive care including HIV services

Get preventive care

AMC Global Media 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 **1-877-702-6348.**

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 health care 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.**



*Data rates may apply.

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

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 viruses
- Testing for other STIs, pregnancy testing when appropriate
- Ongoing follow-up and monitoring including HIV screening every 3 months

*As recommended by your physician.

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 health care provider about potential risk factors and what screening, preventive and treatment options are available.

HIV services (continued)

HIV treatment

Once HIV treatment is started, it usually takes 3 to 6 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 2 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 3 antiretroviral (ARV) drugs from at least 2 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 3 months may consider shots. HIV treatment shots are long-acting injections given by your health care 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 health care 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 **myuhc.com** or call **1-877-702-6348.**



Transgender and nonbinary care

Transgender and nonbinary inclusive health care

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 specialized team of Care Advisors for gender dysphoria. Call **1-800-326-9166** 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 are covered:

- Bilateral mastectomy or breast reduction
- Body Movement Coach
- Breast enlargement, including augmentation mammaplasty 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: Up to $10,000 per covered person per lifetime. Lodging expenses are further limited to $50 per day for the covered person, or $100 per day for the covered person with a caregiver. When a child is the covered person, 2 persons may accompany the child.
- Urethroplasty (reconstruction of urethra)
- Vaginectomy (removal of vagina)
- Vaginoplasty (creation of vagina)
- Voice modification therapy/surgery
- Vulvectomy (removal of vulva)
- Wigs



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 6 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 health care professionals

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

*This refers to chronological age, not biological age.

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.



What you need to know (continued)

Clinical assessments

A clinical assessment is an important step for determining eligibility for gender-affirming procedures. A qualified health care 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 health care 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 health care professionals who have independently assessed the patient for genital surgery.

To begin a clinical assessment, have your provider contact UnitedHealthcare at **1-877-702-6348.**



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

What you need to know (continued)

Prior authorization

This section covers the prior authorization process for determining if a service is covered by your plan. ***Helpful hint:*** Call a Care Advisor 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.



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.



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



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.



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.



Claim: Upon approval, you and your doctor will be notified.
Helpful hint: Reach out to a Care Advisor 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 health care 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 **1-877-702-6348.**
     - 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 at **myuhc.com**
     - Select **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

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 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 **1-877-702-6348.**

Behavioral health support

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 (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 health care

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 on **myuhc.com.** Then, go to **Find Care > 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** 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, suicide or if this is urgent or an emergency, call **911** or the 988 Suicide & Crisis Lifeline.

Health Advocate – Your Employee Assistance Program (EAP)

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 Global Media employees and household members.

The EAP gives you access to:

- Unlimited phone sessions
- Child care and elder care assistance
- Financial services assistance
- Legal resources
- Concierge services

To get started, call **1-866-799-2728** or visit **healthadvocate.com/amcnetworks.**



Reaching out for connection

If you or your loved one needs help, know that you have access to a large network of behavioral health providers, programs and self-help tools that may be available at no additional cost to you through your health plan. Call a UnitedHealthcare Advocate at **1-877-702-6348** to find resources for help with behavioral health struggles.

Additional programs and resources

Calm Health

The Calm Health app provides programs and tools to help support your mental health and well-being – all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

Visit **uhc.app/calm** to get started.



Family formation

Family planning

UnitedHealthcare offers a variety of family planning benefits for same-sex couples. Today, an increasing number are planning and creating their families through assisted reproductive technology (ART) and surrogacy, as well as adoption and foster care. Just how many LGBTQ+ families are on the rise? Between 2 million and 3.7 million children under age 18 are reported to have an LGBTQ+ parent[5] – and 63% of LGBTQ+ people who are planning families expect to use ART, foster care or adoption to become parents.[6]

Family reimbursement program

If you are thinking about adoption, AMC Global Media is here to help. With the Adoption Assistance Program, you have support to help 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/Benefits Department at **Benefits@amcnetworks.com.**

For more information

To learn more about the Family Reimbursement Program and explore a list of eligible expenses, contact **Benefits@amcnetworks.com.**

Surrogacy options

Surrogacy

A surrogate child is carried via gestational/traditional surrogacy. Surrogacy and gestational carrier options are important because there are individuals who are unable to carry a pregnancy to term. It's also an important option for same-sex couples.

Traditional surrogacy

When a person donates their own eggs and becomes pregnant, usually by artificial insemination or transfer of a fertilized egg into their uterus, for the purposes of carrying a baby for another person. A traditional surrogate has a genetic link to the baby.

Gestational carriers

A gestational carrier, or gestational surrogate, is a person who becomes pregnant, usually by transfer of a fertilized egg to their uterus for the purposes of carrying a baby for another person. The gestational carrier is not the source of the egg and has no genetic link to the baby. Please refer to your policy for additional information.



Fertility treatments

Assisted reproductive technologies (ARTs)

ARTs are fertility treatments in which the egg is fertilized with sperm outside of a person's body and then placed in the uterus. ART encompasses IVF and ICSI.

IVF is the most common type of ART

With IVF (in vitro fertilization), spontaneous fertilization occurs in a petri dish.

ICSI (intracytoplasmic sperm injection)

With ICSI, sperm may be directly injected into the egg.

Cryopreservation

Cryopreservation is a fertility preservation option that's often selected due to medical necessity reasons, for example, when the member is faced with a medical condition where the treatment may leave them infertile (like cancer treatment) or when they electively choose to freeze their eggs or sperm to use at a later date.

Cryopreservation entails the process of cooling and storing cells, tissues or organs at very low or freezing temperatures to save them for future use. It is used to preserve embryos, sperm, oocytes (eggs), ovarian tissue or testicular tissue for use at a later time.

Fertility preservation or social preservation

Social preservation refers to fertility preservation when used to delay pregnancy for non-medical reasons. Coverage is limited to:

- Collection of sperm
- Cryopreservation of sperm
- Ovulation induction and retrieval of eggs
- Oocyte cryopreservation
- Embryo cryopreservation and storage costs up to 1 year

Insemination procedures

These procedures include artificial insemination (AI) and intrauterine insemination (IUI).

- In artificial insemination, a doctor inserts sperm directly into a person's cervix, fallopian tubes or uterus
- The most common method is called intrauterine insemination, where a doctor places the sperm in the uterus

Ovulation induction

People who ovulate infrequently or who do not ovulate at all are most benefited by ovulation induction, which is often achieved through use of fertility drugs such as clomiphene (Clomid®), letrozole (Femara®), recombinant FSH (follicle-stimulating hormone), human menopausal gonadotropin, etc. Ovarian stimulation is also sometimes used for women who do ovulate in conjunction with other treatments.

Fertility treatments (continued)

Testicular sperm aspiration (TESA)/Microsurgical epididymal sperm aspiration

TESA is a procedure performed for people who are having sperm retrieved for IVF/ICSI. It is done under local anesthesia in the operating room or office and is coordinated with a partner's egg retrieval. A needle is inserted into the testicle and tissue/sperm are aspirated.

Electroejaculation

Electroejaculation is a procedure used to obtain semen samples. The procedure is used for the treatment of ejaculatory dysfunction.

Pre-implantation genetic testing

Testing is performed when the genetic parents carry a gene mutation to determine whether that mutation has been transmitted to the embryo.



Talk to your health care provider about which option is right for you. To learn more about covered services and procedures, call a UnitedHealthcare Advocate at **1-877-702-6348.**

Family planning programs

Fertility Solutions Plus

Fertility Solutions Plus provides you with helpful information, emotional support and experienced guidance as you explore options for expanding your family.

Self-schedule calls

Set up a call with a fertility nurse at a time that works best for your schedule.

Search for Fertility Centers of Excellence (COEs)

Get care from specialists who have demonstrated potential in increasing the chance of having a baby.

Get 24/7 online learning

Explore our program and get answers to questions on fertility, possible treatment options and how to cope with the challenges they may bring.

Call **1-866-774-4626,** Monday–Friday, 7 a.m.–10 p.m. CT. Visit **myuhc.phs.com/fertility.**

A dedicated team of experienced fertility nurses to help you:

- Get information on causes of infertility and treatment options
- Find doctors, clinics and facilities that meet your needs
- Navigate the health care system and make the most of your benefits



Family planning programs (continued)

Maven

If you're considering planning or building your family, you have access to a program that offers virtual support, content and community. Maven offers support during preconception, adoption or surrogacy, pregnancy, postpartum up until your child's first birthday and loss support. All are available to you as part of your health benefits at no additional cost.

Dedicated support, online and off

Personalized support

A Maven Care Advocate can connect you to educational resources and support on family-building, and help you navigate Maven's providers and refer you to other specialists, if needed.

Coaching and guidance

Maven includes unlimited access to 30+ types of specialists for personalized preconception, pregnancy, postpartum and pediatric support through your child's first year of life.

24/7 virtual access

It's designed to be easy to sign up, book appointments, and explore a library of virtual classes, including Adoption 101 and Protecting Your Relationship While Trying to Conceive.

Get started at **mavenclinic.com/join/uhc-fs.**



Additional LGBTQ+ resources

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.

Mental health

The Trevor Project – National Youth LGBTQ Crisis Intervention and Suicide Prevention
1-866-488-7386
Text START to 678-678
thetrevorproject.org

SAGE Advocacy and Services for Elders
sageusa.org

988 Suicide & Crisis Lifeline
Call or text 988
988lifeline.org

National Domestic Violence Hotline
1-800-799-7233
Text START to 88788
thehotline.org

Pride 365+
pride365plus.com

National Alliance on Mental Illness (NAMI)
1-800-950-6264
Text HelpLine to 62640

National Sexual Assault Hotline
1-800-656-HOPE (4673)
Chat online at:
hotline.rainn.org/online

Black Mental Health Alliance (BMHA)
blackmentalhealth.com

CenterLink LGBT Community Center Member Directory
lgbtcenters.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 Disorder Helpline
1-855-780-5955

SAMHSA's National Helpline
1-800-662-HELP (4357) and
TTY **1-800-487-4889**

Learn more

Find more LGBTQ+ resources at
pride365plus.com

FAQ

Q: Why is it important to use network providers?

A: Network providers generally:

- Bill the patient only for applicable deductible, 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 deductible, 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 (continued)

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 upfront 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 **1-877-702-6348**

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 the **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

myuhc.com
UnitedHealthcare Advocates
1-877-702-6348
UnitedHealthcare app

Behavioral health

Health Advocate – Your Employee Assistance Program (EAP)
healthadvocate.com/amcnetworks
1-866-799-2728

LGBTQ+ ally providers
Tap the **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
Or call **1-877-702-6348**

Talkspace
talkspace.com/connect

LGBTQ+ health care

The National LGBTQIA+ Health Education Center
lgbtqiahealtheducation.org

Transgender-specific care

Advocates for Gender Dysphoria
1-800-326-9166

Family planning

Fertility Solutions Plus
1-866-774-4626
myuhc.phs.com/fertility

Maven
mavenclinic.com/join/uhc-fs

Disclaimers

[1] https://www.cdc.gov/hiv/prevention/index.html.

[2] https://hivinfo.nih.gov/understanding-hiv/fact-sheets/what-start-choosing-hiv-treatment-regimen.

[3] https://www.cdc.gov/hiv/testing/?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html.

[4] https://www.cdc.gov/hiv/living-with/index.html.

[5] https://www.familyequality.org/resources/facts-about-lgbtq-families/.

[6] https://www.familyequality.org/wp-content/uploads/2019/02/LGBTQ-Family-Building-Study_Jan2019-1.pdf.

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 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 is subject to change. Coverage exclusions and limitations may apply.

Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product, and is not intended to make any mental health recommendations or give clinical advice. Calm Health is not available to UnitedHealthcare E&I Fully Insured customers/members in District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia due to regulatory filings. Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings. Images provided for illustrative purposes only. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.

Fertility Solutions Plus 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 health care professional to determine what may be right for you. Your health information is kept confidential in accordance with the law.

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

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