

Transgender information guide

Find up-to-date transgender and non-binary health resources to support you and your family.

Brought to you by UnitedHealthcare for John Deere



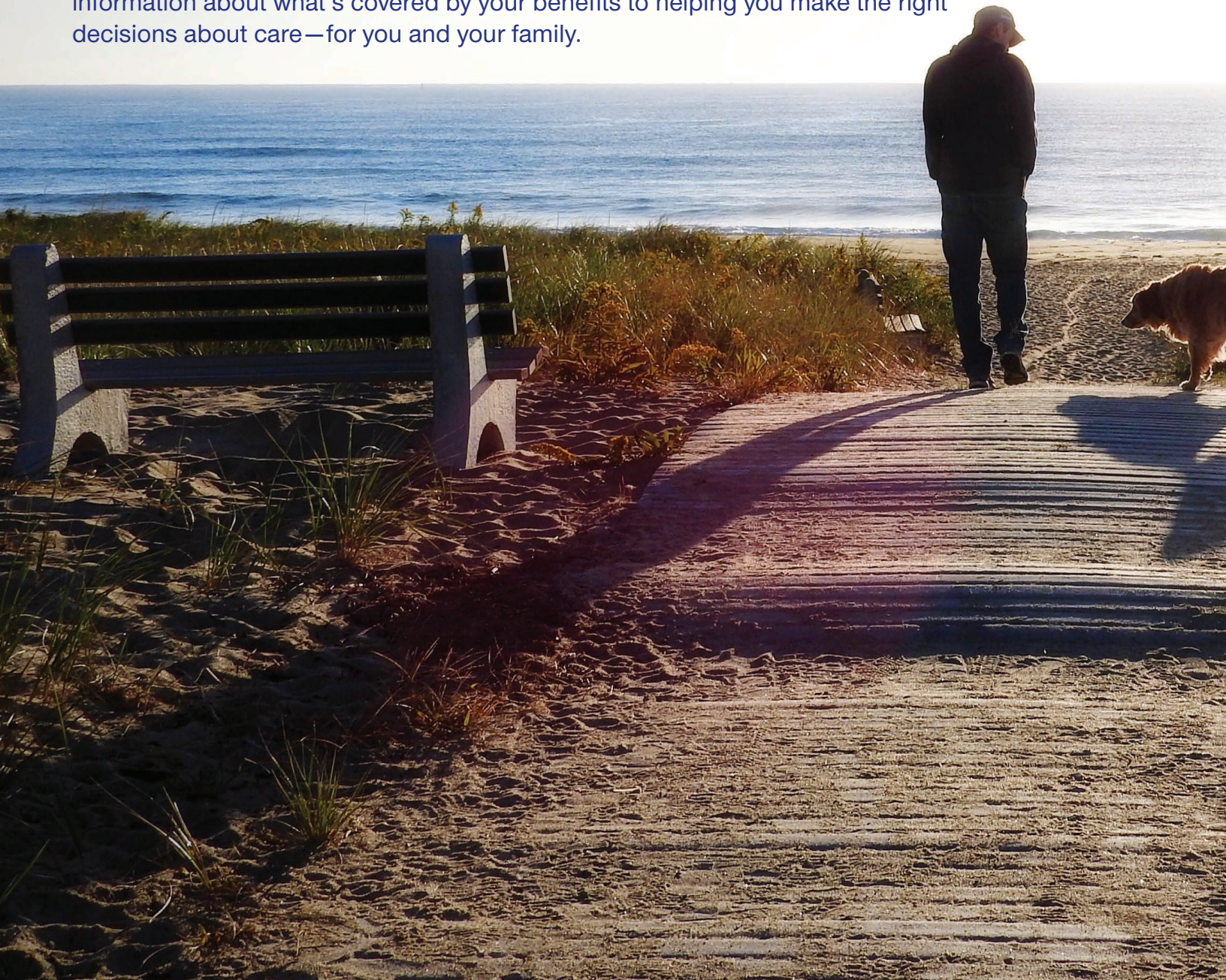
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About this guide

Whether you're considering surgery, you need follow-up care after surgery, or you're looking to provide support to your child or other family member, this guide can be used as a starting point.

myHEALTH Advocates are here to help you every step of the way, from providing information about what's covered by your benefits to helping you make the right decisions about care—for you and your family.



Take care of what matters

Call myHEALTH at **1-888-JDEERE1** (1-888-533-3731)

We're here to help you throughout your journey

No matter where you are as you are receiving care — from researching hormone treatments, to considering surgery and recovering afterward — know that you have support available.



Take care of what matters

Call myHEALTH at **1-888-JDEERE1** (1-888-533-3731)

myHEALTH 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 care to the LGBTQI+ community.*

Have questions? Get help finding answers. It's that simple.



Call a myHEALTH Advocate—
1-888-JDEERE1 (1-888-533-3731)



myuhc.com® gives you 24/7 access to your health plan details, tools and resources—all in one spot



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



What to expect

Confidentiality

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

Family support

Enjoy support for all covered family members, including dependents.

How it works

Connect

Call to talk with a myHEALTH Advocate and connect with caring support for you and your family.

Answer

A myHEALTH Advocate will work with you to help find answers right away—from locating a specialist to discussing benefits and more.

Support

Get help finding answers to your health- and benefits-related questions, 7 a.m. to 10 p.m. CT.

*Advocates have specific training, developed with assistance and in conjunction with the National LGBT Health Education Center, on providing quality care to the LGBTQI+ community. Training focuses on sensitivity, terminology related to transgender identity and health as well as strategies for effectively speaking about primary care and both basic medical care and surgical treatments available. The goal is to effectively create a welcoming, open environment when speaking with members over the phone.

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Additional resources



Pride365+

Resources for LGBTQ+ community and family support

The Pride365plus initiative is designed to help create an open, safe, respectful workplace—and world—where all are welcome.

pride365plus.com

Feel confident with a second opinion

2nd.MD believes that everyone should be able to get a second opinion from a top medical specialist when facing a major medical decision – regardless of income, gender, sexual orientation, race, education level, location, access to transportation or family lifestyle.

The 2nd.MD expert panel is made up of physicians from all over the country who strive to meet and support the individual needs of the LGBTQ+ community. A consult with 2nd.MD may span a variety of topics including hormone therapy, gender affirmation surgery, sexual health and mental health.

This voluntary service is available at no cost to associates and dependents covered by a UnitedHealthcare medical plan. For more information, visit 2nd.md/deere or call **1-866-269-3534**.



Gender identity support team at UnitedHealthcare

Let our specialized team help you get the affirming care you deserve.

Connect with us

8 a.m.–8 p.m., Monday–Friday
at **1-800-326-9166**

John Deere Wellbeing website

John Deere offers you and your family a wide array of benefit options and resources, from wellness support and specialty resources to mobile apps.

Visit deere.com/wellbeing



Services available to you

Learn more about your health plan benefits



Medical benefits

Your employer health plan is provided by UnitedHealthcare. Log in to myuhc.com.



Prescription benefits

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



Behavioral health

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

Take care of what matters

Call myHEALTH at **1-888-JDEERE1** (1-888-533-3731)

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



Getting approvals

When you visit your network provider for care, the physician may identify a service (for example, chest reconstruction) that requires prior authorization to be covered under your health plan. If your doctor has questions about coverage, they should contact UnitedHealthcare to discuss the proposed service.

UnitedHealthcare will review the request to verify the service is medically necessary and performed at the appropriate location (doctor's office, outpatient surgical center, inpatient, etc.). UnitedHealthcare will then inform you and your doctor about the decision. Together you should review the determination letter and establish a course of care. If you have questions about the status of your request, reach out to a **myHEALTH Advocate** at **1-888-JDEERE1** (1-888-533-3731).

What happens 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 continue with the care plan and pay out of pocket for the service. If you do so, then you will be responsible for all charges associated with services not approved for coverage.

If your request for a service is denied, you will receive a letter from UnitedHealthcare that includes information about your right to appeal—and instructions on how to do so. A myHEALTH Advocate can help you with the appeal process.

Take care of what matters

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Let's get specific

Questions about any of these details?

Call a myHEALTH Advocate at 1-888-JDEERE1 (1-888-533-3731), 7 a.m. to 10 p.m. CT.

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.
Behavioral health support	Get information on options for help supporting your mental well-being.
Submitting claims	Learn about additional details on submitting claims.
FAQ	Not seeing the answers you're looking for? See frequently asked questions.

What's covered

Coverage examples include but are not limited to the following. Please call and work with a myHEALTH Advocate to confirm benefit options.

- **Behavioral health services**
- **Breast/chest surgery***
- **Tracheal shave/reduction***
- **Office visits**
- **Hair removal (if required for reconstructive surgery)***
- **Hormone therapy****
- **Travel and lodging:** Must be using a network provider more than 50 miles from your residence on file and within the United States.
- **Voice modification therapy/surgery***

Finding network providers

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

Or visit myuhc.com to find network providers.

Call a myHEALTH Advocate at 1-888-JDEERE1 (1-888-533-3731).

We can search for transgender and non-binary-affirming providers.

*Requires prior authorization and must be age 18 or older.

**Requires prior authorization.

Prescriptions

Find out more about your pharmacy benefits

Manage your pharmacy benefits

1. Log in to myuhc.com
2. Call a myHEALTH Advocate for help at **1-888-JDEERE1 (1-888-533-3731)**
3. To manage your medications on the go, download the **UnitedHealthcare app**

Fill your prescriptions

1. **Delivered to your door.** Order 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.



Behavioral health support

Go to myuhc.com to access your behavioral health benefits and search for behavioral health providers. You can also connect with helpful tools, tips and other resources.

Connect online through virtual visits

Simplify your behavioral health care with convenient, online counseling appointments through virtual visits—available 24/7. Use your mobile device or computer to see and speak with a psychiatrist or therapist online.

- No driving
- 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

Get started on myuhc.com

Don't forget: Your Employee Assistance Program (EAP) is an information and short-term counseling service available for help dealing with stress, anxiety and more. You and your household members can receive up to 8 counseling visits, per issue, per calendar year at no charge. Call the EAP at **1-888-533-7311** before speaking with a counselor to obtain an authorization number. To learn more, visit liveandworkwell.com and use access code: **DEERE**

About behavioral health services

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



If you are experiencing thoughts about harming yourself, suicide, or if this is urgent and an emergency, call or text the National Suicide Prevention line at **988** to get the support you need.

Take care of what matters

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

Take care of what matters

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Requirements for surgery

1. Persistent, well-documented gender dysphoria is included within the assessment from the provider that documents marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration
2. Capacity to make a fully informed decision and consent for treatment
3. Must be 18 years of age
4. If significant medical or mental health concerns are present, these must be reasonably well controlled
5. Completed continuous hormone therapy (for those without contraindications)

Note: Prior authorization is required for all of these services. Additional criteria may apply.



Call the number on the back of your member ID card for information on procedure requirements and authorization.

Travel benefits

Learn about when you may need to submit a claim

Submit a claim for travel benefits by following these steps:

- Log in to myuhc.com
- Select “Claims & Accounts” tab
- Select “Travel and Lodging” claim
- Fill out the “Travel and Lodging Reimbursement Claims Form”
- Mail the completed form to the address listed next to “Medical Claims” on the back of your member ID card



Take care of what matters

Call myHEALTH at **1-888-JDEERE1** (1-888-533-3731)

FAQ

Why is it important to use network providers?

Network providers generally:

- Will bill the patient only for applicable deductible, copays and/or coinsurance
- Will only bill the patient after the claim processing has been satisfactorily completed
- Submit claims on behalf of members directly to the plan
- Work with the plan to gain the appropriate prior authorizations
- Have passed UnitedHealthcare’s accepted credential review and quality requirements
- Will use network facilities, labs and other providers

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
- Will not submit claims directly to insurance companies, leaving the patient to obtain reimbursement
- Have not passed UnitedHealthcare’s accepted 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 is in-network. 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 myHEALTH Advocate for assistance.

How can you find a network provider?

Behavioral health services—Call a myHEALTH Advocate or log 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 non-binary-affirming providers.

Medical services—Call a myHEALTH Advocate for assistance.

What if a network provider is not available?

Contact a myHEALTH Advocate, who can provide direction for a “Network Gap Exception” if a network provider is not available within 30 miles of the patient’s home.

A “Network Gap Exception” approval allows the plan to pay claims for approved services at the network level of benefits for providers located more than 30 miles away. It is at the provider’s discretion as to whether or not they will agree to a discounted rate, require payment upfront or submit claims directly to the plan.

How do we avoid surprises?

- Stay in contact with a myHEALTH 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 myHEALTH Advocates?

A myHEALTH Advocate can help with:

- Benefit questions, such as what is covered and how much the plan will pay
- Finding a network provider
- Claim information, such as status, and confirmation of information required
- Authorization, such as status, confirmation of information required

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

If there are network providers within 50 miles of your home, but you choose to use an out-of-network provider, you will be responsible for costs not covered by your health plan (unless a Gap Exception is in place).

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.



Brought to you by UnitedHealthcare for John Deere



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

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