



Here for you

Transgender and gender-diverse people services from Aetna®

Get the support you need

As you begin your journey to transition your gender identity, know that we're here to help, every step of the way. And that's why we've added coverage for gender-affirming services to some of our plans. This will help you get the care that's right for you.

Connecting you to care

Some of our plans offer services and support that will help take care of your physical and behavioral health needs. We also offer benefits that help with daily living needs after your transition.

Based on your plan, we can help you with:

- Behavioral health services
- Hormone therapy and medications
- Surgical services
- Reproductive services
- Ongoing health and wellness support, and more



Visit the Transgender & Gender Diverse Support Center at go.aetna.com/genderdiversity for helpful tools and resources.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).





Create your care team

It's important to find providers you're comfortable with and who understand your unique needs. Keep in mind that your mental well-being is also a key part of your transition. You will have access to a transgender care personal navigator who has specialized training to provide you with dedicated support. They can also help you find doctors and explain your costs and benefits. Log in to your member website at **Aetna.com** or call us.



Know what's covered

Your coverage for services depends on your health plan and certain state and federal laws. So be sure to check your benefits plan, refer to the resources below or call us for help.

- [Aetna standard gender affirmation clinical policy](#)
- [Breast \(top\), genital \(bottom\) and facial gender affirming provider \(PDF\)](#)



Count on us every step of the way

If you have questions or want to learn more, just call us at the number on your Aetna® member ID card.

Each benefits plan defines which services are covered, which are excluded and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefits plan to determine if there are any exclusions or other benefits limitations applicable. Some plans exclude coverage for services or supplies that Aetna® considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern.