



LGBTQ+ U.S. Benefits Guide



Broadridge is committed to fostering a workplace culture where all of our associates are welcome, respected, and valued—and where everyone can bring their best selves to work every day. A critical aspect of this commitment is ensuring that our healthcare offerings are inclusive and that we have the plans and resources in place to help associates and their families manage their health and wellness needs.

This guide outlines a variety of health and wellness benefits—offered through **Aetna**, our medical benefits provider, and **CVS Caremark**®, our prescription drug provider—that specifically address the needs of the LGBTQ+ community. It can help you better understand your benefits, how to use them, treatment options, and points of contact for support. You will also find information on how to find doctors, hospitals, and other services and how to receive coverage for your treatment costs.

Please feel free to share this information with your doctors so they are aware of your benefits and coverage.

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HIV prevention and treatment

Based on Affordable Care Act guidelines, HIV pre-exposure prophylaxis (PrEP) is covered under your prescription drug benefit at no cost. This includes coverage for emtricitabine/tenofovir (brand-name Truvada®). In addition, these PrEP-related services will be covered as preventive care: medication self-management counseling, office visits, pregnancy tests with a diagnosis that aligns with PrEP, and HIV lab testing (coded as preventive care).

Coverage for HIV treatments include:

- **HIV post-exposure prophylaxis (PEP)**, which refers to any Antiretroviral Therapy given to a person after any exposure to blood or body fluids that are potentially contaminated with HIV.
- **Antiretroviral therapy (ART)**, including the injectable treatment, which refers to medications used to treat HIV. The goal of this therapy is to reduce the HIV viral load in a person to prolong survival and prevent HIV transmission.

Please refer to the Antiretroviral Agents on the CVS [Caremark Performance Drug List](#) for products covered under your benefit.

Family-formation benefits

Your Broadridge benefits provide coverage for options to help you start or build your family. These include:

- Up to three cycles of in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) and frozen embryo transfer (EFT).*
- Cryopreservation (freezing), storage and thawing of eggs, embryos, sperm, or reproductive tissue for up to 12 months.*

** Covered as part of your medical plan's advanced reproductive technology (ART) benefit. Aetna does not require members to have a diagnosis of infertility in order to qualify for Family-formation benefits.*

The National Infertility Unit (NIU) at Aetna is a resource staffed by a dedicated team of nurses and infertility coordinators. They can help you with determining eligibility for benefits. They can also help your provider with precertification. You can call them at **+1 800 575 5999**.

Travel and lodging benefits

Your Aetna medical plan covers up to \$10,000 annually for travel and lodging expenses if you need to travel more than 100 miles to receive care from a network provider. Certain conditions and limitations may apply. Review your Summary Plan Description (SPD) for additional details.



Gender affirmation eligibility

Gender-affirming surgical procedures and other services are considered medically necessary and are covered for employees, spouses, same-sex and opposite-sex domestic partners and dependents enrolled in an Aetna medical plan, as long as the following requirements have been met:

Breast/chest surgery

- Diagnosed with gender dysphoria; must be persistent and well documented.
- Signed letter from a qualified mental health professional assessing readiness for physical treatment.
- Other possible causes of apparent gender incongruence have been excluded.
- Capacity to make a fully informed decision and consent to treatment.
- Confirmation that any significant medical or mental health concerns are reasonably well controlled.
- For breast removal if you're under 18 years old, you must have completed one year of testosterone treatment (doesn't apply for adults).
- For breast augmentation, you must have completed six months of feminizing hormone therapy (12 months for adolescents less than age 18 years of age), unless you have a medical contraindication or are otherwise medically unable or unwilling to take hormones.
- Risk factors associated with breast cancer have been assessed.

Genital surgery

- Diagnosed with gender dysphoria; must be persistent and well documented.
- Signed letter from a qualified mental health professional assessing readiness for physical treatment.
- Other possible causes for apparent gender incongruence have been excluded.
- Capacity to make a fully informed decision and consent to treatment.
- Confirmation that any significant medical or mental health concerns are reasonably well controlled.
- Six months of continuous hormone therapy as appropriate to the member's gender goals (12 months for adolescents less than 18 years of age), unless you have a medical contraindication or are otherwise unable or unwilling to take hormones.

For the transgender and gender-affirming benefits, a mental health professional is defined as any master's degree-level or above mental health practitioner.



Gender affirmation: Covered services

Surgical procedures and other services

Your Aetna medical plan covers surgical procedures and other services, including facility and anesthesia charges related to surgery. All services must be medically necessary and follow plan requirements. The following is a list of covered surgical procedures and other services. Review your Summary Plan Description (SPD) for details.

Top surgery

- Breast augmentation
- Breast removal/reduction (mastectomy)

Bottom surgery

- Clitoroplasty
- Electrolysis/laser hair removal for skin graft preparation for genital surgery
- Hysterectomy
- Labiaplasty
- Metoidioplasty
- Oophorectomy (ovariectomy)
- Orchiectomy
- Penectomy
- Phalloplasty
- Scrotoplasty
- Testicular/penile implants
- Urethroplasty
- Vaginectomy

Other covered services

- Hair removal (not part of reconstructive surgery)
- Voice modification surgery
- Tracheal shave/reduction
- Voice modification therapy
- Facial feminization surgeries
- Lipoplasty/filling for body masculinization or feminization
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics are no longer excluded.

Mental health services

Associated mental health visits are covered the same as any other service under your Aetna medical plan.

Prescription drugs

Coverage for prescription drugs associated with gender-affirming treatment is available under your prescription drug benefit. Prescription drugs that may be used to treat gender dysphoria can include hormone replacement therapy and puberty blockers. To check if a drug is covered, log in at [Caremark.com](https://www.caremark.com) to review your plan's Performance Drug List. **Note:** Certain products on the Performance Drug List may be subject to prior authorization review. For additional questions, call CVS Caremark® at **+1 855 695 2093** (TTY: 711).

Hormone therapy

Prescription medications used as part of hormone therapy associated with gender-affirming treatment are covered under your prescription drug benefit. This includes puberty suppression prescription medications for children and adolescents. It's important to talk to your doctor before taking hormones to understand the side effects and what to watch for while taking them. Your doctor may order lab tests to monitor your hormone levels.

Testosterone therapies require your doctor to submit a prior authorization request and are usually covered under your pharmacy benefit. Estrogen therapies are covered under the pharmacy benefit without a prior authorization. To check if a drug is covered, log in at [Caremark.com](https://www.caremark.com) to review your plan's Performance Drug List.

Other medications used for transgender transition are covered as follows:

- Progestins used for transgender services, such as Depo-Provera®, do not require preapproval.
- Gonadotropin-releasing hormone analogs and antagonists such as Lupron Depot® and Supprelin® LA, which are covered require preapproval under your pharmacy plan.

If you have questions about your prescription drug coverage, call CVS Caremark at **+1 855 695 2093** (TTY: 711).

Gender affirmation: Cost sharing

Here's what you'll pay for transgender and gender-affirming surgical services. Office visits, including mental health visits, are covered the same as any other office visit.

	Traditional Choice® Plus	SavingsPlus HSA	Basic Plus
	You Pay		
In-network services	20% after deductible	20% after deductible	No cost after deductible
Out-of-network services	40% of recognized or allowed charge after deductible	40% of recognized or allowed charge after deductible	You pay 100% for services. Out-of-network services are not covered.

For more plan details go to BroadridgeBenefits.com.

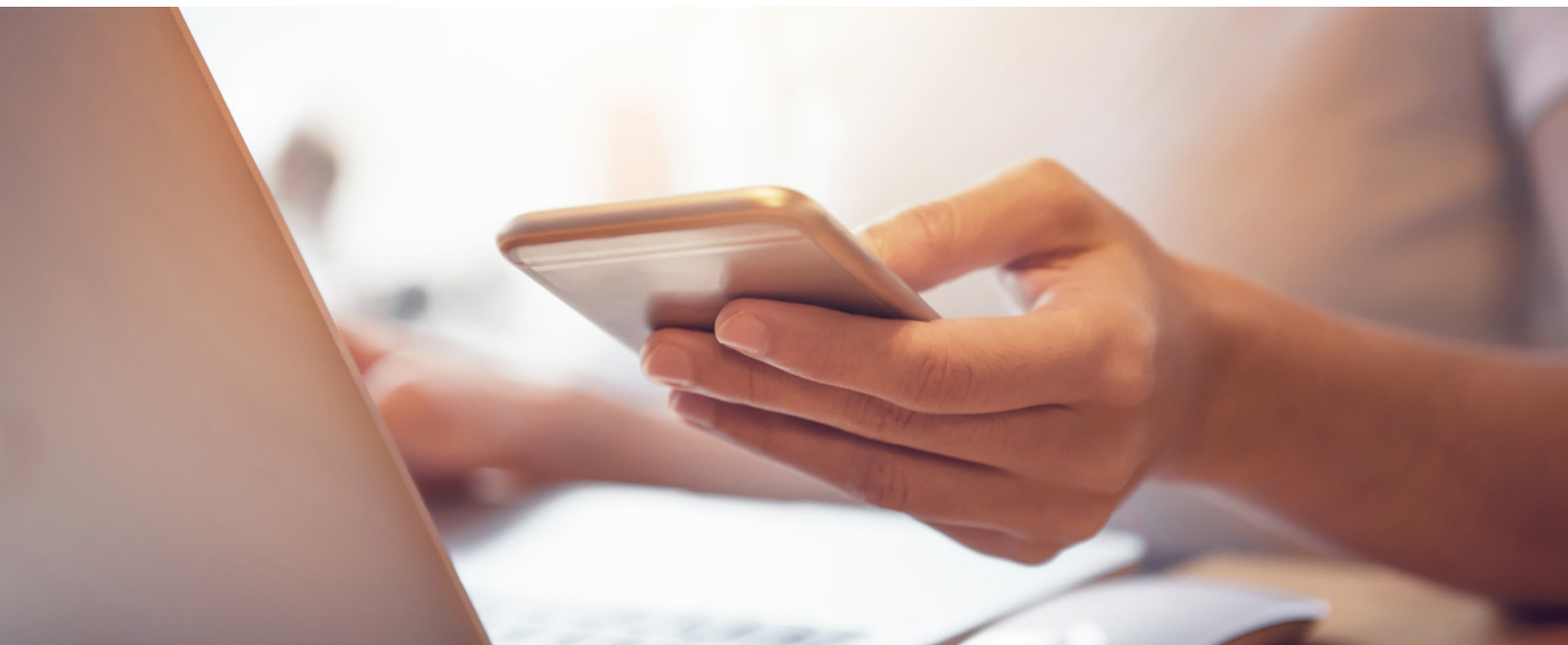
Aetna Transgender Support Center

This center offers you special resources and helpful information for all phases of your journey, including:

- Access to a dedicated transgender care personal navigator who specializes in transgender and gender-affirming benefits and services.
- Resources to help you find gender-affirming medical care and mental health providers.
- Cost information and benefits explanations.

To access the Transgender Support Center, log in at Aetna.com, choose **Health & Wellness** from the menu, then click **Transgender Support Center**.

You can also call Aetna Member Services at **+1 800 663 0911** (TTY: 711) with any questions about your health benefits. If you have specific questions about transgender or gender-affirming benefits, they can transfer you to a transgender care personal navigator.



Choosing providers and facilities

Staying in network makes sense

- **Value:** The plan includes negotiated discounted rates. Plus, network doctors and hospitals won't bill you for costs above the plan's recognized or allowed amounts for covered services.
- **Confidence:** You get access to quality care from the Aetna network.
- **Simplicity:** Your network doctor takes care of the paperwork for you, such as getting plan approvals and submitting claims.

How to find network providers

To find providers and facilities in the network, log in to your Aetna member website at [Aetna.com](https://www.aetna.com). Register if this is your first visit to the site. Then click **Find Care & Pricing**. You can search by name, specialty, or procedure. You can also use the provider search tool on the Aetna HealthSM app. Download the app by texting **AETNA** to **90156**.

If you need help finding in-network providers that specialize in gender-affirming care, call Aetna Member Services at **+1 800 663 0911** (TTY: 711). Or to access the Aetna Transgender Support Center, log in at [Aetna.com](https://www.aetna.com), click **Health & Wellness**, then **Transgender Support Center**.

Out-of-network doctors and hospitals usually cost more

That's because out-of-network doctors and hospitals set their own rates to charge you. These rates may be higher—sometimes much higher—than what your Aetna plan recognizes or allows. Your doctor may bill you for the dollar amount the plan doesn't recognize or allow.

You'll also pay a higher deductible and a higher coinsurance percentage than with network providers. Plus, no dollar amount above the recognized charge counts toward your deductible or out-of-pocket limits. This means you're fully responsible for paying everything above the amount the plan allows for a service or procedure.

Get plan precertification approvals when required

Your Aetna plan will cover certain services, such as surgery, only if approved up front. This approval is called precertification. When you choose network providers, your doctor or specialist will take care of precertification for you. When you go outside the network, you must request precertification yourself.



What Aetna looks for when reviewing a request

First, Aetna checks to see that the service is considered medically necessary. Decisions are based entirely on appropriateness of care and service and the existence of coverage, using nationally recognized guidelines and resources.

Aetna also looks to see if you qualify for one of our care management programs. If so, an Aetna nurse may contact you.

Precertification doesn't verify if you have reached any plan dollar limits or visit maximums for the service requested. So even if you get approval, it's not a guarantee of coverage.

How to file a claim for payment

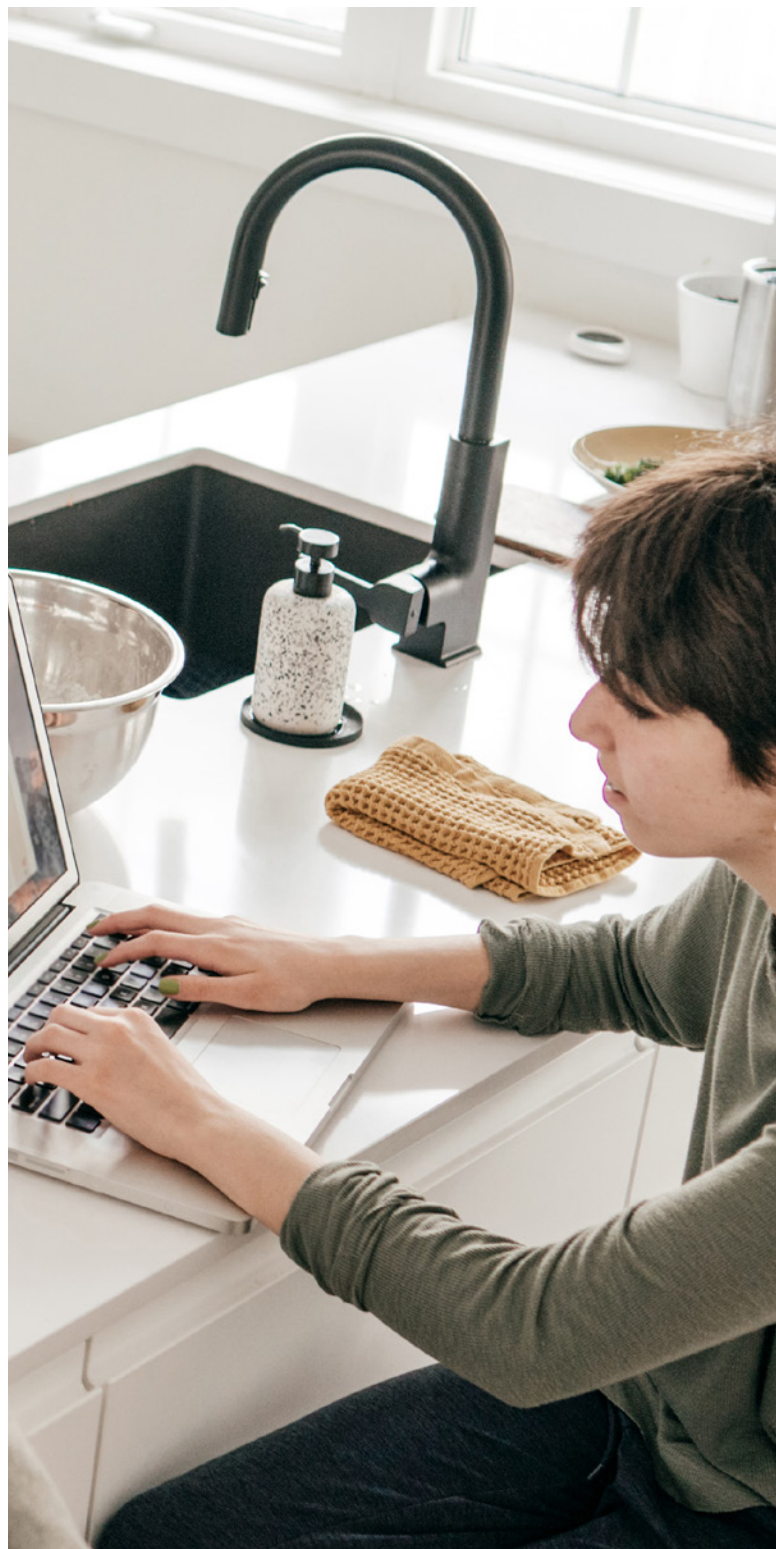
In-network doctors will submit any claims for you. After Aetna processes the claim, they'll send you an Explanation of Benefits (EOB) statement. Your doctor may also send you confirmation of the Aetna payment along with any outstanding amount you owe, such as your deductible.

Out-of-network doctors are not obligated to submit a claim for you, so you may have to do this yourself. The [Aetna claim form](#) is available online. After the claim is processed, Aetna will send you an EOB statement. Your doctor may also send you confirmation of the Aetna payment along with any outstanding amount you owe. This amount may include your deductible, your share of the costs, and the difference between the plan's allowed or recognized amount and the provider's actual charge.

How to appeal a claim

If Aetna denies a claim and you don't agree, you can ask for a review. This is called an appeal. There are two ways to do this:

1. Call Aetna Member Services at **+1 800 663 0911** (TTY: 711).
2. Submit your request in writing by printing, completing and mailing the [Aetna appeal form](#).



Tips to get the most from your benefits

- 1. Ask questions.** Aetna Member Services is ready to help.
- 2. Know the steps.** Some services require recommendations from mental health professionals. You'll need to get these before you contact a surgeon. See the *Eligibility* section on [page 4](#) to learn more.
- 3. Stay in the network and save.** In-network providers can help you save on your share of the costs. You can ask your doctor to recommend a network provider. Use the provider search tool on [Aetna.com](#) to confirm that your doctors and hospital are in the network.
- 4. Get plan approvals when required.** Be sure to have Aetna precertify certain services, such as surgical procedures, before you receive care. This is required. Network doctors will precertify services for you. If you go outside the network, call Aetna Member Services at **+1 800 663 0911** (TTY: 711) to get started.
- 5. Get to know the World Professional Association for Transgender Health (WPATH)** at [WPATH.org](#). Become familiar with their Standards of Care.



Additional benefits and resources

Take advantage of these other Broadridge benefits to support you through all phases of your journey:

- **Medical Ally** offers guidance and resources to help you get the best possible care. And through their partnership with **Fenway Health**, they're able to support the distinct medical and behavioral health needs of LGBTQ+ members—at no cost to you.

Get a second opinion from a doctor who specializes in gender-affirming care, find the right provider for your needs, better understand your treatment plan—even get help resolving a claim or billing issue. Contact Medical Ally at **+1 888 361 3944** or go to [MyMedicalAlly.com](#) and enter **Broadridge** to get started.
- **ComPsych® GuidanceResources®** offers no-cost, confidential emotional support for issues such as stress, anxiety, life adjustments, and relationship conflicts. Talk with a GuidanceConsultant 24/7. They'll listen, answer your questions, and refer you to a counselor or other program resource, as needed.

ComPsych also offers support and resources specially designed for LGBTQ+ members, both at home and in the workplace. To learn more, call **+1 888 936 7327** (TDD: +1 800 697 0353) or visit [GuidanceResources.com](#) (web ID: EAPBFS).
- **If you need time away from work**, you may be eligible for salary-continuation and/or job-protected leave options through your Broadridge benefits. This may include job protection for up to 12 weeks through the Family and Medical Leave Act (FMLA). You may also qualify for state-provided disability and/or job-protection benefits. To learn more about your options, call Prudential at **+1 844 950 1377**, or log in at [Prudential.com/mybenefits](#) (company control #45034).

This communication provides information about certain Broadridge Financial Solutions benefits. Receipt of this document does not automatically entitle you to benefits offered by Broadridge Financial Solutions. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern.

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