



True to you

Gender affirmation benefits from Inova and Aetna®



Your medical plan is here to help

You have benefits and services available to support your decision to transition to your affirming gender. Your Inova medical plan provides gender affirmation benefits that can help with the cost of gender reassignment surgery and associated procedures and services.

Find out what's covered and how to use your benefits. Learn how to find providers, hospitals and other services, and who to call with your questions and needs. The Inova medical plan is a self-insured plan that doesn't have the same plan design as other Aetna plans. So share this information with your doctors so they're aware of your coverage.

What's covered

Your plan covers medical, prescription drug and mental health services for gender reassignment surgery. This includes facility and anesthesia charges related to the surgery. These services must be approved in advance (in a process called precertification) for benefits to be paid.

If you use network providers, they'll take care of precertification for you. If you use out-of-network providers, you'll want to obtain precertification to make sure the gender affirmation services you want are covered under the plan. To get started with precertification, call Aetna® Member Services at **1-800-862-5441 (TTY: 711)**.

Partial list of covered services

Top surgery

- Breast augmentation
- Reduction mammoplasty
- Mastectomy
- Rib excision

Bottom surgery

- Clitoroplasty
- Hysterectomy
- Labiaplasty
- Metaoidioplasty/
Metoidioplasty
- Oophorectomy
- Orchiectomy
- Penectomy
- Phalloplasty
- Scrotoplasty
- Vaginectomy
- Vaginoplasty
- Vulvectomy

General surgical procedures and therapies

- Blepharoplasty
- Electrolysis and hair removal
- Face lift
- Facial bone reduction
- Facial/body contouring
- Facial feminization surgeries
- Hair grafts and hair implants
- Laryngoplasty
- Lipoplasty/filling for body masculinization or feminization
- Lip reduction
- Placement of a testicular prosthesis and erectile prosthesis
- Tracheal shave/reduction
- Voice modification surgeries
- Voice modification therapy



Travel and lodging benefits

If you can't find a network provider within 100 miles of your home for gender-affirming services, your plan will cover U.S. domestic travel and lodging expenses for you and one companion. Your medical plan deductible and coinsurance apply, as well as these IRS limits and guidelines:

- Maximum of \$50 per person per night, up to \$100 per night, for lodging expenses
- Annual combined maximum of \$10,000 for gender-affirming travel and lodging services

To be eligible for reimbursement, Aetna® must confirm that a network provider is not available within 100 miles of your home, and you must submit a claim form.

Mental health services

Your Inova medical plan covers associated mental health visits the same as any other service under the plan.

Prescription drugs and hormone therapy

Your plan covers medication and hormone therapy, such as estrogen patches, testosterone therapy and other prescription drugs associated with your gender-affirming care. You can fill prescriptions through Capital Rx mail service, at network retail pharmacy locations, or through Inova Pharmacy Plus (location or mail-order service).

Certain medications may require a prior authorization. This means your provider will need to provide additional information before the medication can be covered. Contact Capital Rx at **1-844-306-7606** or visit www.cap-rx.com.



How the plan works

The chart below shows how medical services, prescription drugs and mental health services related to gender affirmation surgery and services may be covered by your medical plan, and how you and the plan share costs.

Each year, you pay for covered services out of your own pocket until you meet the annual deductible. After that, the plan pays a percentage of charges, and you pay the rest (coinsurance). For some types of services, you may pay a flat fee, or copay. Once your share of costs reaches the annual out-of-pocket maximum, the plan pays 100% of covered charges for the rest of the year.

Medical plan comparison — Innovation Health® network

	Innovation Health HSA HDP ¹				Innovation Health PPO ¹			
	In Network			Out of Network	In Network			Out of Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Annual Deductible								
Team Member Only		\$1,700			\$500			\$1,000
Team Member + Family		\$3,400			\$1,000			\$2,000
Annual Out-of-Pocket Maximum								
Team Member Only		\$3,500		\$6,000		\$3,500		\$6,000
Team Member + Family		\$7,000 ⁴		\$13,000		\$7,000 ⁴		\$13,000

Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)⁵

	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out of Network	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out of Network
Preventive Care	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
Primary Care Office Visit	0%	10%	20%	50%	\$0	\$15	\$25	50%
Specialist Office Visit	20%	20%	20%	50%	\$20	\$20	\$50	50%
Urgent Care	20%	20%	50%	50%	\$35	\$35	\$50	50%
Go Health Urgent Care	20%	20%	50%	50%	\$5	\$5	\$50	50%

Inpatient Services⁶

	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out of Network	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out of Network
Hospital	20%	20%	50%	50%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 50%
Mental Health/ Behavioral Health/ Substance Abuse	20%	20%	50%	40%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 40%

	Innovation Health HSA HDP ¹				Innovation Health PPO ¹			
	In Network			Out of Network	In Network			Out of Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Outpatient Services								
Emergency Room (ER)	20%				\$200 (waived if admitted), then 20%			
Outpatient Surgery Facility Fees	10%	20%	50%	50%	10%	20%	50%	50%
Outpatient Surgery Professional Fees	10%	20%	20%	50%	10%	20%	20%	50%

¹ These plans apply to members who reside in the following Virginia counties: Arlington, Fairfax, Loudoun and Prince William, or who reside in the following Virginia cities: City of Alexandria, Fairfax City, Falls Church City, Manassas City and Manassas Park City. For team members who reside outside these areas, please see the **Outside NOVA network plan comparison** available on [MyInovaBenefits.org](https://myinova.com/benefits).

² Maximum Savings are found by using Inova providers, facilities and hospitals.

³ Standard Savings Plus are found by using Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to [Aetna.com/dse/custom/inova](https://www.aetna.com/dse/custom/inova) to find providers with the Standard Savings Plus designation.

⁴ If any individual in the plan has \$6,850 in eligible out-of-pocket expenses before the out-of-pocket maximum is met, the cost of that individual's in-network, eligible care will be covered for the rest of the plan year.

⁵ Coinsurance of 10% will be added to the office copay for infusion or injection drugs provided by an Aetna® (non-Inova) network physician for the Innovation Health PPO plan. However, for the Innovation Health HSA HDP, the coinsurance will be 30% (rather than 20%) when these drugs are provided by an Aetna (non-Inova) network physician in the office. These additional coinsurances will not apply to the Outside NOVA plans.

⁶ Reston Hospital Center, Virginia Hospital Center and StoneSprings Hospital are out-of-network hospitals, except for emergencies.

- The \$0 copay does not apply to inpatient or outpatient lab work at an Inova facility that is not a specifically designated Inova Lab location. Inova Diagnostic Labs are stand alone facilities and are not located in an Inova hospital. To view the locations of specifically designated Inova Labs, go to [Inova.org/our-services/inova-laboratories/locations](https://www.inova.org/our-services/inova-laboratories/locations).

- Artificial insemination, ovulation induction and advanced reproductive technology are subject to a combined \$25,000 lifetime maximum. There is a separate \$20,000 lifetime maximum on IVF drugs. You must contact WINFertility at 1-833-204-2756 to initiate the fertility benefits.

- The annual deductible must be satisfied before these services have 0% coinsurance.

How much you pay in coinsurance and/or copays depends on where you seek care. You can choose to receive care in or out of network, but you'll pay less out of your own pocket when you choose in-network providers.

Tier	Tier name	Description
1	Maximum Savings	Inova providers, facilities and hospitals
2	Standard Savings Plus	Custom network created by Innovation Health® joint venture between Inova and Aetna using Signature Partners, Valley Health, Privia, Loudoun Medical Group, Lyra Health and certain Aetna Behavioral Health providers
3	Standard Savings	Providers, facilities and hospitals contracted with Aetna
4	Out of network	Providers, facilities and hospitals not contracted with Aetna The following hospitals in northern Virginia are out of network, except for emergencies: <ul style="list-style-type: none"> • Reston Hospital Center • StoneSprings Hospital • Virginia Hospital Center

How to find network providers online:

Log in at [Aetna.com](https://www.aetna.com) and click **Find Care & Pricing**.

You can enter search terms such as LGBTQ+, gender identity, transgender surgery or gender-confirming surgery. You can also enter the name of a provider to check their network status, or search by care category (such as specialty care, mental health, primary care, labs).

Questions?

Call the Innovation Health® Nurse Concierge. You'll get help from dedicated specialists with things like scheduling a doctor's appointment, finding a doctor/specialist and getting assistance after discharge from the hospital.

Innovation Health Nurse Concierge
571-421-2810

Monday to Friday, 9 AM to 4:30 PM ET

How to file a claim

Your network doctor or other care provider will file claims for you. If you are seeing an out-of-network provider, however, you may have to file your own claims.

To file a claim, you can download a form from your member website at [Aetna.com](https://www.aetna.com). Log in and click **Documents & Forms** under your name at the top of the page. Download, print and complete the form. You can also request a form by calling Aetna® Member Services at **1-800-862-5441 (TTY: 711)**.

You can send Aetna your completed claim form via:

- **Mail**, to the address on the form. If there's no address, mail the form to the address on your Aetna ID card.
- **Fax**, to the fax number on the form.
- **Email**, by scanning the completed form and saving it to your computer. You can then log in at [Aetna.com](https://www.aetna.com) and click **Help** to create an email and attach the form to the email.



Helpful contacts and resources

Health benefits

Aetna® Member Services

For help with plan-related questions, such as precertification, benefits, claims, services covered/not covered, forms and more

1-800-862-5441 (TTY: 711)

Aetna HealthSM app

For help on the go

Text **Aetna** to **90156** for a link to download the app. Message and data rates may apply.

Innovation Health® Nurse Concierge

For help making medical appointments, and for answers to health- and medical-related questions

571-421-2810

Monday–Friday, 9 AM–4:30 PM ET

Inova benefits portal

For information on the medical and prescription drug plans and to access the Benefits Guide

MyInovaBenefits.org

Prescription drug services

Capital Rx

For help determining whether a medication is covered by your plan, and for other prescription services, including home delivery and medication information

1-844-306-7606

www.cap-rx.com

Inova Pharmacy Plus

For convenient in-house prescription services and help with insurance approvals, refills, home delivery and more

1-571-472-1100

**www.inova.org/our-services/
inova-retail-pharmacy-services**



InnovationHealth.com

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