

Your LGBTQ+ **Benefits** Guide

Resources to support you and your family



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About this guide

As a global technology leader, Verizon has a responsibility to our people and the world. From diversity and inclusion to equity and sustainability, Verizon is committed to creating meaningful change and positive impact.

Verizon is committed to fostering a safe and inclusive workplace where all V Teamers can be their authentic selves. A critical aspect of this value proposition and company commitment is ensuring that Verizon health care offerings are inclusive and that you have the tools and resources that are necessary to gain access to those very important offerings. Verizon provides leading benefits to support you and your family. Verizon strives for a happier, healthier, productive culture for teammates.

Verizon benefits go beyond the basics. They're designed to support you in remarkably helpful ways – in your career and in areas of your life outside of Verizon. Verizon provides comprehensive benefits coverage for all. Here you will find a highlight of Verizon benefits and services for LGBTQ+ employees and their dependents. This guide will assist you in identifying points of contact to aid in understanding and accessing health care benefits. The guide covers (1) gender-inclusive health care, (2) family formation, (3) HIV service and treatment options, and other important benefit information. Whether you're considering surgery, you need follow-up care after surgery, or you're looking to provide support to your child or dependent, this guide can be used as an excellent starting point.

Please note this guide is not a complete description of the terms and conditions of those plans and programs. The official documents for the plans and programs govern the terms and conditions of the matters discussed in this guide, and if there should happen to be any discrepancy between the content of this guide and the governing documents for the plans and programs, the governing documents will control. Feel free to consult with the contacts listed respecting additional requirements and procedures for gaining access to covered services.



Support from Advocates

Anthem, UnitedHealthcare and Surest Advocates are here to support you every step of the way. Discuss what's covered by your benefits, find medical providers with expertise in gender-affirming care, understand claims and authorizations, and locate community resources. Advocates are available to help you in making decisions about care – for you and your family.



You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

Finding network providers

If you live in Florida, Tennessee, North Carolina, Colorado, Arkansas or Nebraska, your medical plan carrier is either UnitedHealthcare or Surest. Anthem is the medical plan carrier for all other states except for Hawaii, which has coverage with HMSA. Kaiser plans are available in select areas.

Anthem, UnitedHealthcare and Surest Advocates

Anthem, UnitedHealthcare and Surest Advocates can help you find network providers. You can start the process by calling the number on the back of your medical ID card. Members who are enrolled under Anthem and have registered with **anthem.com**, UnitedHealthcare and have registered with **myuhc.com**, or Surest and have registered at **benefits.surest.com** can access provider and facility search functions within the member portal. Anthem, UnitedHealthcare and Surest also have specialized gender-affirming care teams that will support Verizon members through their journey.

☎ Call Anthem at 800.875.6139

☎ Call UnitedHealthcare at 800.603.4305

☎ Call Surest at 866.683.6440

For those enrolled in an HMO through Kaiser or HMSA, please reach out to the carrier directly at the number on the back of your ID card.



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Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.



Who's covered

Understand who is covered by your health plan, coverage requirements and more.

Who's covered

Dependent coverage

Dependents eligible for coverage include spouses, children up to age 26 (or over age 26 if they meet the definition of Disabled Child in the Summary Plan Description), and domestic partners. Refer to the Summary Plan Description for full eligibility rules.

Domestic partners must meet the following requirements:

- Each other's sole domestic partner.
- Not married to anyone else.
- Both 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 resident state.
- Living together in the same principal residence for at least 6 months and intend to do so indefinitely.
- Are emotionally committed to one another and jointly responsible for each other's common wellbeing and financial obligations.

Dependent verification

When you visit **BenefitsConnection** and begin the benefits enrollment process, you'll be able to add eligible dependents to your coverage. If you add dependents, you will need to provide documentation to verify their eligibility.

Dependent Verification Request Notices and instructions for completing the process will be mailed to your home address on file, as well as sent to your work email address shortly after a dependent is added to coverage.

How to submit dependent documentation

Once you have the documentation needed for your dependent(s), there are 3 ways to submit it:

1. Online upload via **BenefitsConnection**
2. Standard mail
3. Secure fax line



Documentation is reviewed for authenticity and to verify dependent eligibility.

A photograph of two men jogging in a park. The man on the left is wearing a maroon t-shirt and has a beard. The man on the right is wearing a light grey athletic jacket with a neon green zipper and has a beard. They are both smiling and looking towards each other. The background is a blurred park with green trees.

What's covered

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

What's covered

Medical plan options

Medical coverage is offered through Anthem, UnitedHealthcare, Surest and HMSA, with Kaiser HMOs available in select areas.

The medical plan options through Anthem and UnitedHealthcare include: Preferred Provider Organization Plus (PPO Plus), High Deductible Plan (HDP) and Exclusive Provider Network (EPN). Although the EPN is closed to new participants, those already enrolled in the EPN can continue with this plan option. There is an additional plan option available, the Surest Copay Plan, for those living in a state where UnitedHealthcare coverage is offered. Kaiser offers HMO plans in select areas and HMSA offers an HMO in Hawaii.

You automatically receive prescription drug coverage as part of the medical plans. Verizon covers the majority of the cost, including 100% of the cost for in-network preventive care, annual physicals or wellness exams.

For those enrolled in an HMO through Kaiser or HMSA, please reach out to the carrier directly for details on coverage and resources. Contact information can be found on your ID card.



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Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

What's covered

Preventive care and wellness resources

Take steps toward a healthier future by making preventive care a priority. Your health plan covers certain preventive screenings, well visits and vaccinations to help find potential health issues early and keep you and your family healthy.

Preventive care includes:

- Routine screenings
- Recommended immunizations, such as the annual flu vaccine
- Contraception

During an annual well visit, your doctor may perform or recommend certain screenings based on your age or medical history. Your doctor may also talk to you about:

- Diet and physical activity
- Mental health, including depression
- Tobacco use or how to quit
- Cancer screenings
- Family planning



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What's covered

Transgender-inclusive benefits

- Medical benefits include gender-affirming care of employees and their dependents. Each person's gender-affirming care process is unique. Medical and surgical procedures as well as different medications may be approved as part of the gender-affirmation process based on the medical carrier's medical policy, which takes WPATH (World Professional Association for Transgender Health) clinical criteria into consideration.
- Services include medically necessary services for transition-related surgery, treatment and counseling. Your medical carrier Advocate will explain which services are covered under the benefit plan, provide support with behavioral health needs, and help with identification and selection of transgender providers.*
- The following services and procedures may be covered under your benefits when criteria are met,** including but not limited to:
 - Hair removal required for reconstructive surgery
 - Gender-affirming chest surgery
 - Facial feminization and masculinization procedures
 - Tracheal shave/reduction
 - Voice modification therapy
 - Voice modification surgery

* If no providers are available within a reasonable geographic distance from your home address, Anthem, UnitedHealthcare or Surest may authorize the reimbursement of certain expenses related to travel to obtain care. Details regarding the travel and lodging expenses are explained in the Summary Plan Description. Please refer to the Summary Plan Description in the Library on **BenefitsConnection** for full details.

** Some may require pre-certification or prior authorization.

You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

What's covered

Getting approvals

Pre-certification/prior authorization process

Certain services, including gender-affirming care, may require pre-certification with Anthem medical plans or prior authorization with UnitedHealthcare and Surest medical plans to determine medical necessity and eligible services.

Reference your medical Summary Plan Description (SPD) in the Library on **BenefitsConnection** for more information on pre-certification and prior authorization. Contact Anthem, UnitedHealthcare or Surest with any questions.

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.

For assistance in filing an appeal, contact Anthem Advocates at 800.875.6139, UnitedHealthcare Advocates at 800.603.4305 or Surest Member Services at 866.683.6440.

Express Scripts

Some medications require prior authorization. Please contact Express Scripts® for details.

If your medication has been denied, your prescriber can file an appeal by contacting Express Scripts. You will also receive a letter that includes the reason for denial, your appeal rights and how to file an appeal. For assistance in filing an appeal, contact Express Scripts at 877.877.1878.

You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

What's covered

Submitting claims

When you receive care from a network provider, the provider will submit claims on your behalf. You are responsible for filing a claim with Anthem, UnitedHealthcare or Surest when you receive services from a provider who is out-of-network. You may submit the claim with an online claim submission or via mail.

1. Visit your medical plan website:
 - **anthem.com**, Claims and Payments, Submit a Claim
 - **myuhc.com**, Claims & Accounts, Submit a Claim
 - **benefits.surest.com** to locate the claim reimbursement form
2. Select the type of claim you want to submit.
3. Respond to the questions with the details of your claim and upload any necessary claim documents.

If your claim is denied, you have a right to appeal.



You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

What's covered

Prescription coverage

You automatically receive prescription drug coverage as part of the medical plans. Anthem, UnitedHealthcare and Surest members have prescription coverage through Express Scripts. For those enrolled in an HMO through Kaiser or HMSA, please reach out to the carrier directly for details on prescription coverage.

Gender-affirming

- Medications such as hormone and hormone blockers intended for gender reassignment are covered under the prescription plan; however, some require prior authorization.
- The formulary may have exclusions for certain brand-name drugs when alternatives are available; however, these can be reviewed for coverage with an appeal by your doctor.

HIV/HIV prevention

- HIV testing including self-treatment options
 - HIV testing is covered under the medical plan.
 - Self-testing options are not covered under the pharmacy benefit.
- Pre-exposure prophylaxis (PrEP)
 - Medications are covered under the benefit.
 - Descovy® is one of the products approved; however, it isn't indicated for persons assigned female at birth.
- Post-exposure prophylaxis (PEP)
 - Considered as emergency only and within 72 hours of exposure.
 - Requires a prescription and is covered under the benefit. Note: Certain brands may be excluded when alternatives exist.
- Antiretroviral treatments are covered; the injectable product requires a formulary exception for cases where the oral therapies cannot be used.

A photograph of a pregnant woman and her partner sitting on a dark brown leather tufted couch. The woman, on the left, has dark hair and is wearing an orange t-shirt and blue jeans. She is looking down at her belly with a gentle expression. The partner, on the right, has short blonde hair, wears glasses, a white t-shirt, and olive green pants. They are both looking at the woman's belly, and the partner has his arm around her. The background is a light-colored wall with horizontal siding. A black text box is overlaid on the left side of the image.

Family planning

Find information and resources for planning a pregnancy, fertility treatment coverage and more.

Family planning

Fertility treatment coverage

The road to parenthood is unique to each person. If you are struggling with starting a family, or simply have questions or need information, Anthem, UnitedHealthcare and Surest Advocates can help.

- Access a broad array of fertility services, including artificial insemination, in vitro fertilization (IVF/GIFT/ZIFT) and cryopreservation with a lifetime plan maximum of \$75,000 to allow for multi-cycle coverage.



Pregnancy support

Whether you're thinking about having a baby or have one on the way, the Healthy Pregnancy Program is here to provide information and resources – from planning for a pregnancy to postpartum.

- Connect with a registered nurse who can answer your pregnancy-related questions and check in with you regularly.
- Get guidance related to your medical benefits for yourself and your new family member.
- Once you begin your pregnancy journey, you will receive a welcome kit and a pregnancy-related book.
- Enroll before your 21st week of pregnancy and complete the program to receive up to \$500 or enroll in or after your 21st week and receive up to \$250.
- For more information, visit **Inside Verizon**.

You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

Family planning

Family Reimbursement Program

Adoption, surrogacy and guardianship assistance –

Expenses may be reimbursed up to \$15,000 per legal guardianship agreement, adoption or surrogacy.

Adoption and legal guardianship – A child under 18 years of age or 18+ and physically or mentally incapable of self-care.

Eligible expenses:

- Legal fees
- Court costs
- Fees of licensed agency to provide adoption services
- Medical expenses for the biological mother related to childbirth
- Transportation/travel expenses

Surrogacy – A surrogate child is carried via gestational/traditional surrogacy.

Eligible expenses:

- Surrogate agency admin fees
- Surrogate agency fees for locating/interviewing surrogate
- Legal fees
- Travel fees

Employees can request a Guardianship Reimbursement Claim Form from the Verizon Family Assistance & Reimbursement Program by calling the Employee Assistance Program (EAP) at: 888.441.8674 or obtain the form from **Inside Verizon**.

Family resources

- **Backup care –** Verizon provides up to 80 hours of subsidized backup daycare hours for anytime use when life happens and you need temporary care for loved ones.
- **Tutoring –** Verizon employees are eligible for up to 50 hours of free online 24/7 assistance from certified tutors to help remove the hassles from homework. Check out **Tutor.com**.

You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

Resources

Learn about a variety of helpful resources available to you and your family.



Time off resources

Personal time

Whether you want to plan for your child's school play, schedule a dentist appointment, or you'd like to participate in a religious observance – we understand that life includes many “to do” lists.

Vacation time

We all need vacations! A chance to see another part of the world, to enjoy time with the people we love, or just to take a break from the daily routine gives us all a renewed energy and outlook on life.

Unscheduled illness absence

You may unexpectedly need to take off from work due to your own illness, a family member's illness or other unplanned event. As a Verizon employee, you have time-off options to manage life's unexpected events.

Parental leave and planner

Verizon Parental Leave (VPL) provides eligible employees up to 8 weeks of leave, paid at 100% of base pay to bond with a newborn or adopted (new to family) child. The **planner** provides a personalized self-service tool where you can enter an anticipated delivery date and map out time-off options and leave.

Short-term disability (STD)

Verizon provides STD insurance at no cost to help provide you with income security in case of a disability that prevents you from performing the essential functions of your job. The benefit amount paid varies based on your years of service. Disability coverage is administered through Sedgwick.

Leave of absence

Verizon understands your need to balance the demands of work and life. That's why as an eligible employee, you can take an unpaid leave for up to 12 months with supervisor approval to care for life's demands.

Bereavement

Losing a loved one is an extremely sad and difficult life experience and can be confusing and stressful for survivors. Verizon recognizes the emotional and financial issues that often result and wants you to know that we are here to support you through this very difficult time.

Mental Wellbeing and Employee Assistance Program (EAP)

Verizon is committed to ensuring you have comprehensive support to care for your mental health and be ready for life's challenges. Spring Health delivers the experiences you and your household members deserve, all on a digital platform to take care everywhere.



Personalized plan for where you are

An assessment-driven care plan and journey for immediate and long-term needs



Dedicated guidance through your journey

A care navigator to help you act on your care plan and connect with therapists who provide in-the-moment crisis and emotional support



Coaching support for personal goals

Six free coaching sessions to help you and household members age 18+ progress career, health and wellness, parenting or relationship goals



Counseling services for what's on your mind

Six free counseling sessions with licensed providers for you and household members age 6+



Wellness exercises to find a moment

Library of self-guided exercises to bring immediate relief and build skills on topics such as stress, anxiety, burnout, sleep and mindfulness



Resources for all of life's needs

Expert guidance to navigate legal or financial matters, child care, elder care, pet care, travel, household services and more



Substance use support

Alcohol or substance use support program because you're not alone



Wellsprings to talk about something real

Clinician-led small group counseling sessions to listen, reflect and be present with life and manage stressors



24/7 crisis support

Critical incident response (CIR) support to help process the aftermath of an unexpected or traumatic event



Leadership support

Confidential partnership to help leaders manage and navigate sensitive employee issues

Contact information

Inside Verizon Resources
Inside Verizon - Health and Benefits

Verizon Benefits Center
855.489.2367
BenefitsConnection

Anthem
800.875.6139
anthem.com
Mobile App: Sydney Health



UnitedHealthcare
800.603.4305
myuhc.com[®]
Mobile App: UnitedHealthcare



Surest
866.683.6440
surest.com
Mobile App: Surest



HMSA
808.948.6372 Oahu
800.776.4672 Neighbor Islands
hmsa.com

Kaiser
800.464.4000 California
888.865.5813 Georgia
808.432.5955 Hawaii
800.966.5955 Oahu
855.249.5018 MidAtlantic
800.813.2000 Northwest
kp.org
Mobile App: Kaiser Permanente



Telehealth
LifeHealthOnline (Anthem):
startlivehealthonline.com or
Sydney mobile app
Virtual Care (UnitedHealthcare):
myuhc.com or UnitedHealthcare[®] app
Virtual Care (Surest):
benefits.surest.com or Surest app

Leave of Absence and Disability
Sedgwick
800.826.1923

Employee Assistance Program (EAP)
888.441.8674
(press 2 for 24/7 crisis support)
Inside Verizon



Express Scripts
877.877.1878
express-scripts.com
Mobile App: Express Scripts



Employee Resource Groups (ERG)
Verizon PRISM - Lead with Pride
Verizon PACT - Parents and Caregivers Together

Backup Care
Bright Horizons
877.242.2737
Inside Verizon

FAQ

Why is it important to use network providers?

Network providers generally:

- Will bill the patient only for any applicable deductible, copay 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 accepted credential review and quality requirements.
- Will use network facilities, labs and other network providers.

Out-of-network providers generally:

- Bill patients for any applicable deductible, copay 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 submit claims to obtain reimbursement.
- Have not passed 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 and the service was received at a network facility with a network surgeon, please call an Anthem, UnitedHealthcare or Surest Advocate for assistance.

How can I find a network provider?

Medical and behavioral health services:

- Anthem: Sign in at **anthem.com** and choose “Find Care & Costs” or call an Anthem Advocate for assistance.
- UnitedHealthcare: Sign in at **myuhc.com**, choose “Find Care & Costs” or call a UnitedHealthcare Advocate for assistance.
- Surest: Sign in at **benefits.surest.com**, choose “Search coverage and providers” or call Surest Member Services for assistance.

You have Advocates:

Contact Anthem at 800.875.6139, UnitedHealthcare at 800.603.4305 or Surest at 866.683.6440 to help you.

What if a network provider is not available or I choose to use an out-of-network provider?

Contact an Anthem, UnitedHealthcare or Surest Advocate to discuss.



Call Anthem
at 800.875.6139



Call UnitedHealthcare
at 800.603.4305



Call Surest
at 866.683.6440

What is being done to enrich the network in support of gender-affirming providers?

Anthem, UnitedHealthcare and Surest are reviewing all network providers, which includes contacting offices directly to validate whether new patients are being accepted and whether the providers actively treat patients who are transgender.

How do I find the cost of care?

View your personal coverage

Visit one of the following medical plan websites to access your annual deductible (if applicable), out-of-pocket maximum, copay or coinsurance for network and out-of-network coverage:

- **anthem.com** and click “My Plans, Medical”
- **myuhc.com** and click “Coverage & Benefits”
- **benefits.surest.com** and click “Search coverage and providers”

Access personalized cost estimates

Sign in at **anthem.com**, **myuhc.com** or **benefits.surest.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 for network providers

Search by:

- Service – such as a vaccine or X-ray
- Condition or symptom – such as a sore throat or sports injury
- Doctor, hospital or facility – find a preferred or nearby provider

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Actual plan provisions for Company benefits are contained in the appropriate plan documents or applicable Company policies. This guide provides a general overview of various Verizon benefits. As always, the official plan documents determine what benefits are provided to Verizon employees and their dependents. Please note, you may or may not be eligible to participate in or receive benefits from all plans and programs referenced in this guide. Your SPDs and corresponding documents are available at [verizon.com/benefitsconnection](https://www.verizon.com/benefitsconnection), or you can call the Verizon Benefits Center at 855.489.2367 and request a printed copy free of charge. As explained in your SPDs, Verizon reserves the right to amend or terminate any of its plans or policies at any time with or without notice or cause, subject to applicable law.

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.

This guide, and the benefits it describes, were developed with guidance from evidence-based professional societies including the World Professional Association for Transgender Health (WPATH) Standards of Care. Refer to [wpath.org](https://www.wpath.org) for the current standards of care publication.

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.

Benefits described in this guide apply to U.S. based employees, other than union-represented employees, whose compensation and benefits are governed by the applicable collective bargaining agreements. Benefits for employees outside the U.S. vary by jurisdiction.

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