

T Mobile™



LGBTQ GUIDE

2025

HERE'S WHAT'S IN IT FOR YOU

At T-Mobile, we PRIDE ourselves in creating an inclusive culture where everyone can feel like they belong and are treated equitably and with respect. We know that leveraging the depth and breadth of our backgrounds and experiences helps us drive innovation and our amazing, unique T-Mobile culture. We truly are stronger together. As such, we are a proud supporter of the lesbian, gay, bi, transgender, queer and other (LGBTQ+) community. Our benefits are just one example of our commitment to foster inclusivity by providing access to exceptional care, that helps us each prosper and reach our full potential.



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#BEMAGENTA

MEDICAL CARE AND PRESCRIPTION DRUG BENEFITS

WHO IS ELIGIBLE?

You must enroll in a medical plan at hire or during Annual Enrollment to use medical and Rx coverage. Our medical plans include surgical gender affirmation services and medical and prescription treatment, which are treated the same as other covered medical services under the healthcare plans. Employees, spouses/domestic partners, and dependents enrolled in a T-Mobile medical plan are eligible, if they meet the medical necessity criteria for the covered services as outlined in the medical policies and/or [Summary Plan Description](#). Contact Premera Blue Cross, Surest or United Healthcare for the medical policies that outline the covered services.

<p>PPO Plan with Health Reimbursement Account (HRA Plan)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ■ The plan pays 80% once you meet your deductible ■ \$35 copayment for primary care provider (PCP) office visits and mental health visits ■ \$50 copayment for specialist office visits ■ Copayments apply for covered prescription drugs obtained through the CVS Caremark prescription drug plan 	<p>Out-of-Network:</p> <ul style="list-style-type: none"> ■ Once you meet the deductible, the plan pays 60% of allowed charges. Amounts above the allowed charges are the member's responsibility. ■ Out of network prescription drugs obtained through the CVS Caremark prescription drug plan are not covered
<p>Exclusive Provider Organization (EPO) Plan</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ■ The plan pays 80% once you meet your deductible. ■ \$20 copayment for primary care provider (PCP) office visits and mental health visits ■ \$30 copayment for specialist office visits ■ Copayments apply for covered prescription drugs obtained through the CVS Caremark prescription drug plan 	<p>Out-of-Network:</p> <ul style="list-style-type: none"> ■ There is no out-of-network coverage on the EPO plan except for emergencies and hair removal. Out-of-network emergencies and hair removal services are covered at the in-network benefit level. For all other out-of-network services, you will be responsible for 100% of the cost. ■ Out of network prescription drugs obtained through the CVS Caremark prescription drug plan or any other non-network provider are not covered
<p>High Deductible Health Plan with Health Savings Account (HSA Plan)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ■ The plan pays 80% once you meet your deductible. ■ The plan pays 80% once you meet your deductible for covered prescription drugs obtained through the CVS Caremark prescription drug plan 	<p>Out-of-Network:</p> <ul style="list-style-type: none"> ■ Once you meet the deductible, the plan pays 60% of allowed charges. Amounts above the allowed charges are the member's responsibility. ■ Out of network prescription drugs obtained through the CVS Caremark prescription drug plan are not covered
<p>Surest Copay Only Plan</p>	<p>In-Network:</p> <ul style="list-style-type: none"> ■ No deductible ■ Copayments ranging from \$15-\$2,750 apply depending on the type of service including primary care provider (PCP) office visits, mental health visits, inpatient or outpatient services, etc. ■ Copayments apply for covered prescription drugs obtained through the CVS Caremark prescription drug plan 	<p>Out-of-Network:</p> <ul style="list-style-type: none"> ■ There is no out-of-network coverage on the Surest Copay Only Plan except for emergencies and hair removal. Out-of-network emergencies and hair removal services are covered at the in-network benefits level. For all other out-of-network services, you will be responsible for 100% of the cost. ■ Out of network prescription drugs obtained through the CVS Caremark prescription drug plan or any other non-network provider are not covered

We encourage you to use an in-network provider to help protect yourself against high, unexpected, out-of-pocket costs while receiving the highest level of coverage. Many gender affirmation surgery doctors are out-of-network. In those cases, the PPO with HRA and High Deductible Health Plan with HSA medical plans would pay at the out-of-network benefit level up to the allowable amount.

When you use an out-of-network provider, you are responsible for the difference between the allowed charge and the provider's billed amount—this is referred to as balance billing. Out-of-network providers may require up-front payment for their services. Refer to the [Summary Plan Description](#) for full details regarding the cost share (including the in-network and out-of-network deductible and out of pocket limits) for each Plan.

MEDICAL CARE AND PRESCRIPTION DRUG BENEFITS

What is Covered?

At T-Mobile, it's important that every covered member has access to not only standard covered services but also expansive, common care/procedures necessary for our LGBTQ+ members to live authentically in their true gender identity. Examples of covered services include, but are not limited to, the following when medical necessity and plan requirements are met. A pre-approval (prior authorization) is strongly recommended for most of the procedures, and your plan's cost-sharing as outlined above applies. Letters of recommendation from mental health professionals may be required for certain services.

Preventive care services, screenings and treatment.

- Prevention and treatment for HIV/AIDs
- Coverage for pre-exposure prophylaxis (PREP), post-exposure prophylaxis (PEP), and antiretroviral therapy (ART)

Virtual primary care

- On demand virtual appointments for primary and urgent care, behavioral health care and physical therapy

Healthcare for transgender and gender diverse individuals. T-Mobile's medical plan offers gender affirming care, including:

- Prescription drug coverage including hormone replacement therapies
- Coverage for medical visits and laboratory services
- Coverage for reconstructive surgical procedures related to gender affirmation, including but not limited to:

Breast/Chest

- Mastectomy
- Nipple reconstruction
- Breast augmentation
- Rib excision

Genital

- Scrotoplasty
- Penectomy
- Vulvectomy
- Orchiectomy
- Vaginectomy
- Clitoroplasty
- Labiaplasty
- Phalloplasty
- Vaginoplasty
- Metoidioplasty

General surgical procedures

- Chin augmentation
- Laryngoplasty
- Liposuction
- Tracheal shave
- Hair removal
- Facial bone reduction
- Rhinoplasty
- Face lift
- Lip reduction
- Blepharoplasty

- Other services such as scar revision, nipple tattooing and voice therapy

Travel and Lodging Benefit – Reimbursement up to a lifetime maximum benefit of \$10,000 per Covered Person for all eligible transportation and lodging expenses for care needed that's not available within a certain radius of you or your dependent's home address. This includes gender affirming surgery.

For specific details regarding all covered services and requirements, refer to the medical policies that can be obtained by contacting Premera Blue Cross, Surest or United Healthcare.

MEDICAL CARE AND PRESCRIPTION DRUG BENEFITS

Pre-approval (prior authorization) process

Pre-approval (prior authorization) is required for most gender affirming surgeries. The assessment determines whether proposed services meet the clinical requirements for medical necessity, appropriateness, level of care, and/or effectiveness under the provisions of the applicable benefit plan. In-network (INN) providers are required to manage prior authorizations for you. Providers who are not in-network (OON) may submit the prior authorization on your behalf but are not required to do so. It is the member's responsibility to ensure any prior authorizations are in place when seeing an out-of-network (OON) provider.

For gender-affirming services, the prior authorization should include information such as, but not limited to, the following:

- The surgical procedure(s) for which coverage is being requested
- The date the procedure will be performed if known
- Information supporting the medical necessity criteria outlined in the medical policy has been met, based on the surgery being requested.

For Premera Blue Cross, your physician can:
Submit prior authorization online through Availity or fax to 800-843-1114.

For Surest your physician can:
Submit prior authorization online through the UnitedHealthcare provider portal or by calling the pre-certification number 877-237-0006.

For United Healthcare, your physician can:
Contact United Healthcare Clinical Services at 800-638-7204 or your provider can use the Prior Authorization and Notification tool in the United Healthcare Provider Portal. If your provider doesn't

have access to the tool, they should call Provider Services at the number on the back of the member's ID card and submit a request by phone.

Claims Reimbursement Process

When you use an in-network provider, the provider will automatically submit your claims electronically to Premera Blue Cross, Surest or United Healthcare. If you use an out-of-network provider, there may be instances where you will need to submit your own claim forms to Premera Blue Cross or United Healthcare. Full instructions for filing your claims for reimbursement can be found in the [Summary Plan Description](#).

If you are using coordination of benefits (that's where you use another health plan as your primary coverage and your T-Mobile Plan as secondary coverage), you will need to provide either an explanation of benefits (EOB) statement or a denial from your primary health insurance company if they don't cover gender-affirming services.

Appeals Process

If Your Claim is Denied: If a claim for Benefits is denied in part or in whole, you may file a formal appeal with Premera Blue Cross, Surest or United Healthcare. Information regarding the process and documentation necessary for filing an appeal, can be found in the [Summary Plan Description](#).

HEALTHCARE ADVOCATES

Health Pros

Available to you and your family members (even if they are not enrolled in a T-Mobile medical plan) as your personal health advocate to help you understand your benefits, find care and providers, resolve claim issues and more. Our Health Pros even offer a personal gender affirmation specialist to assist with specific questions related to gender affirmation care and coverage under the health plans. Call 855-496-0071 or email TMUSHealthPro@alight.com and ask to connect with their gender affirming care Health Pro. You can refer to the [Healthcare Advocates](#) resource at www.t-mobilebenefits.com for more information.

FAMILY BUILDING BENEFITS

Fertility, Maternity Support Services including Pregnancy & Post-Partum Support, Adoption & Surrogacy Assistance and Doula Reimbursement

Fertility Benefits

T-Mobile provides a comprehensive fertility benefit administered by Progyny that bundles all the individual services, tests, and treatments into a Smart Cycle, which contains everything needed for comprehensive fertility treatment and helps to ensure you never have to worry about running out of coverage mid treatment. With Progyny, you receive a lifetime benefit of two (2) Smart Cycles of treatment per family. Treatments covered within the Smart Cycles include:

- IVF cycles
- Surrogacy embryology services
- Fertility preservation (egg and sperm freezing)
- Purchase of donor tissue
- Tissue storage
- Fertility Medications

Note that the fertility benefit is available to those on the T-Mobile medical plan, and benefits are subject to the normal cost-sharing (like deductible and coinsurance) that applies under your medical plan.

Maternity Services including Pregnancy and Postpartum Support

T-Mobile offers a Pregnancy and Postpartum Support Program through Progyny to ensure you are supported every step of the way during your pregnancy journey. Through one-on-one support from a dedicated Pregnancy and Postpartum Coach (PPC), you'll get access to:

- Personalized education and support, and is available via email, secure messaging, and phone
- Ongoing check-ins tied to key stages of your pregnancy, including prenatal milestones and postnatal transitions, such as return to work
- Virtual visit scheduling with lactation consultants and baby feeding experts to get a personalized feeding plan for you and your family
- Additional resources including introduction to the Progyny app for 24/7 access to education and health tracking, and easily communicate with your PPC and much more!

Fertility, Maternity Support Services including Pregnancy & Post-Partum Support, Adoption & Surrogacy Assistance and Doula Reimbursement

Adoption & Surrogacy Assistance

T-Mobile offers up to \$30,000 per child in adoption and surrogacy assistance for eligible employees. Because, well, family matters.

- T-Mobile offers regular full and part-time employees Adoption and/or Surrogacy reimbursement.
- Employees become eligible to participate on the first of the month following 30 days of employment.
- Adoption & Surrogacy benefits up to \$30,000 per child.
- Expenses can be reimbursed as they are incurred so long as the request is submitted within 12 months of the date the expense was incurred

- preferences and needs to the medical team
- Postpartum Support: Assisting with breastfeeding, newborn care, and emotional adjustment after birth
- As part of T-Mobile's continued commitment to supporting the overall well-being of our expectant parents, T-Mobile offers reimbursement of up to \$2,000 per birth for doula care.

Note: Surrogacy and Doula benefits are not excluded from taxable income under IRS regulations. Any Surrogacy Assistance or Doula reimbursement paid to employees may be subject to State, Federal, Social Security, Medicare and federal unemployment taxes at time of payment.

Doula Reimbursement

Under the doula reimbursement benefit, you have the option to use doulas, who are trained professionals that provide continuous physical, emotional, and informational support to mothers before, during, and shortly after childbirth. Their presence can significantly enhance the birthing experience by offering comfort measures, advocacy, and reassurance. Doula services include:

- Emotional Support: Providing continuous reassurance, encouragement, and a calming presence
- Physical Support: Assisting with comfort measures such as breathing techniques, positioning, and massage during labor
- Informational Support: Offering evidence-based information to help parents make informed decisions about their care
- Advocacy: Helping parents communicate their

Refer to the [Family Building Benefits](#) page at www.t-mobilebenefits.com for more information or connect with a Progyny Patient Care Advocate at (833) 281-0076.

LIVEMAGENTA

LiveMagenta is here to support T-Mobile employees and their family members' total health from physical, social, and work to emotional and financial health and so much more including:

- Support from master's level trained clinicians that serve as your “phone a friend” 24 hours a day when you need them
- Free virtual or in person counseling sessions (stress, anxiety, depression and emotional support). Up to 10 sessions per topic each year.
- Referral assistance for childcare resources and other local resources
- Legal services
- Tobacco Cessation
- Social Health Networking (Accessibility Community, Multicultural Alliance, Multigeneration Network, Pride, Veterans and Allies Network, Women and Allies Network)

Refer to [LiveMagenta](#) for more information about all the great no cost benefits available to you and your family members.



COMMONLY ASKED QUESTIONS

Q: What procedures are excluded under this benefit?

A: Requests for procedures that are not specifically listed in the current version of the Gender Affirmation Surgery medical policy and/or the Summary Plan Description will be reviewed for medical necessity based on clinical information sent by your provider during the pre-approval process.

Q: Does my plan cover gender-affirming treatment for children?

A: Yes, the plan will cover non-surgical medical treatment where it is legal, such as mental health care or puberty blockers, for minors seeking gender affirming services. The minimum age requirement for gender affirming female-to-male and female-to-non-binary mastectomy or breast reduction is 17. For all other surgical interventions, the minimum age requirement is 18. For specific details regarding medical necessity requirements for surgical interventions, refer to the medical policies that can be obtained by contacting Premera Blue Cross, Surest or United Healthcare.

Q: Can I receive services outside of the United States?

A: The only services covered outside of the U.S. are for those services that are due to an emergency or illness and where immediate care is necessary. This is true for all types of medical care, not specific to Gender Affirming procedures.

Q: Is hormone therapy covered?

A: Yes, hormone therapy is covered subject to the plan's pharmacy benefit administered by CVS Caremark. Hormones are covered, however not all brands and styles may be eligible under the plan. Please contact CVS for hormone-specific coverage information.

The medical plans may cover two types of hormones that are administered in a provider's office, provided the medical necessity criteria has been met:

- Gonadotropin releasing hormone analogs, which are used to suppress puberty in adolescents
- Testosterone formulations other than gels

Note: Please review the [Summary Plan Description](#) and/or medical policy for the complete criteria.

Q: Does T-Mobile offer any leave of absence (LOA) and/or paid leave for gender-affirming care?

A: Employees may be eligible for a leave of absence that may be paid or unpaid if they or a family member is unable to work related to receiving a gender-affirming procedure. For more information regarding the types of leave available visit the [Leave of Absence](#) content on T-Nation or contact Broadspire 24/7 at:

Toll Free: 1-877-222-8705

Fax: 859-550-2744

Website: [Portal](#)

The LOA Partner team can provide additional support for employees who are planning for a future LOA. Complete this [Intake Form](#) and select "Eligibility Question" and provide us information there about your upcoming or future leave and we will contact you to help you prepare.

OTHER BENEFITS

T-Mobile offers many extra benefits that provide you with protection at key moments in your life including:

- Life Insurance
- Disability Insurance
- Supplemental Health Plans (Accident, Critical Illness and Hospital Indemnity)
- Legal Plan
- Travel Insurance and Assistance

T-Mobile also works with third parties to offer additional benefits such as:

- Auto and Home Insurance
- Identity Protection
- Pet Insurance
- Long Term Care Plan

This is one of the ways that T-Mobile celebrates, listens to, empowers, includes, and values every employee and their families, pets, and financial well-being! Refer to the [Protection resource](http://www.t-mobilebenefits.com) at www.t-mobilebenefits.com for more information regarding these extra benefits!



CONTACTS

Medical Plans

Premera Blue Cross

Our T-Mobile Customer Service team is available to provide specialized assistance with gender affirmation benefits at (866) 358-2300. Our Personal Health Support team can support your clinical needs on your care journey.

To locate an In-Network Medical or Behavioral Health Provider, Click [HERE](#)

Existing Premera Blue Cross Members:

www.premera.com/t-mobile

Group #4022154

Hours: M-F 5 a.m. – 8 p.m. Pacific

Premera Blue Cross mobile app is available in the Apple App or Google Play Store

United Healthcare

Gender Identity Support Team: 800-326-9166
A dedicated team is in place to assist members with their gender affirmation benefits, claims, provider search, behavioral questions and more. The team has received enhanced training and has a focused understanding of the gender affirmation medical policy and specific benefit offerings.

To locate an In-Network United Healthcare Medical Provider, Click [HERE](#)

To locate an In-Network United Healthcare Behavioral Health Provider, Click [HERE](#)

Existing United Healthcare Members:

myUnitedHealthcare.com

Toll Free: (877) 259-1527

Group #222244

Hours: M-F 8 a.m. – 8 p.m. Pacific

UnitedHealthcare mobile app available in the Apple App or Google Play Store

Surest

Our Surest Clinical Advocacy team is armed with knowledge about your plan and clinical insight with gender affirmation benefits to help you get answers and the care you need. We encourage you to call our Surest Member Services team who can connect you with a clinical advocate at 1-866-683-6440.

To locate an In-Network Surest Medical Provider, Click [HERE](#)

To locate an In-Network Surest Behavioral Health Provider, Click [HERE](#)

Existing Surest Copay Only Plan Members:

To locate an In-Network UHC Medical Provider, Click [HERE](#) and use access code tmobile2025

To locate an In-Network UHC Behavioral Health Provider, Click [HERE](#) and use access code tmobile2025

benefits.surest.com

Toll Free: (866) 683-6440

Group #78800721

Hours: M-F 4 a.m. – 7 p.m. PST

Surest mobile app available in the Apple App or Google Play Store

HMSA (Hawaii Only)

To locate an In-Network HMSA Provider, Click [HERE](#)

Existing HMSA Members:

hmsa.com

Toll-Free: (800) 776-4672

Group #94833

Hours: M-F 8 a.m. – 5 p.m. Local Time

CONTACTS

Virtual Medical Care

Premera Blue Cross members:

Go to www.premera.com/t-mobile or use the “Find Care” option on the Premera Blue Cross mobile app available in the Apple App or Google Play Store.

United HealthCare members:

Go to www.myUnitedHealthcare.com/virtualvisits for network providers through Optum Virtual Care or Teladoc, download the United Healthcare app available in the Apple App or Google Play Store. For network providers through Doctor on Demand, download the Doctor on Demand app available in the Apple App or Google Play Store. For network providers through AmWell, download the AmWell app available in the Apple App or Google Play Store.

Surest members:

Go to benefits.surest.com, search “Virtual Visit” and filter by category to find network providers or download the Surest app, available in the Apple App or Google Play Store

Telemedicine Hawaii Employees:

Go to www.hmsaonlinecare.com or download the HMSA Online Care app available in the Apple App or Google Play Store

CVS Caremark Prescription

CVS Caremark

To review covered prescriptions and costs, click [HERE](#)

Existing CVS Caremark Members:

www.caremark.com

Toll Free: (844) 757-0417

Hours: 24/7-365 days a year

BIN: 004336

PCN: ADV

RX Group: RX21CF

CVS Caremark mobile app available in the Apple App or Google Play Store

T Mobile

Dental

Delta Dental of Washington

Toll-Free: (800) 238-3107

Hours: M-F 8 a.m. – 5 p.m. Pacific

deltadentalwa.com

PPO Network Dental Plan: Group #09037; Search the Delta Dental PPO Network for providers (you must see a PPO dentist)

Open Network Dental Plan: Group #09034; You may see any dentist

Vision

Vision Service Plan (VSP)

Toll-Free: (800) 877-7195

vsp.com

Group #12122822

Hours: M-F 5 a.m. – 8 p.m. Pacific

Sat 7 a.m. – 8 p.m. Pacific

Sun 7 a.m. – 7 p.m. – Pacific

Healthcare Advocates

Health Pros

Toll-Free: (855) 496-0071

Email them at: TMUSHealthPro@alight.com

Hours: M-F 6 a.m. – 6 p.m. Pacific

LiveMagenta

Including Employee Assistance Program

Toll-Free: (855) 780-5958

LiveMagenta.com

Hours: 24/7/365

T-Mobile Benefits Representative

T-Mobile Benefits Center

1-855-TMO-BENS

Monday - Friday, 5:00 a.m. - 5:00 p.m. Pacific

Visit www.t-mobilebenefits.com for detailed plan information for each of our benefits and programs.