GENDER-AFFIRMING SURGERIES

Using University of Arizona United Healthcare Student Resources (2023)
TABLE OF CONTENTS

Where to Start ............................................... 3
Process Overview ........................................ 4
Letters .......................................................... 5
Surgery Referrals ........................................ 6
Consultations .................................................. 7
In-Network Coverage ............................... 8
Out-of-Network Billing ............................. 9
Surgeons ................................................... 10-11
The UHC SR Policy .................................... 12
Insurance Glossary ................................... 13
From finding a surgeon, to navigating insurance, getting gender-affirming surgery can feel overwhelming. So, we’ve put together some information that can be helpful for students using the United Healthcare Student Resources plan!
PROCESS OVERVIEW

1. Finding a surgeon.
2. Letter(s) of support from a therapist.
3. Request surgery referral from CAPS Care Coordinator.
4. Schedule a consultation with surgeon.
5. Consultation
7. Care-planning
8. Surgery!
LETTERS OF SUPPORT

According to United, letter(s) of support for surgery must be written by a licensed therapist. Currently, you need one letter for top surgery and two for bottom surgery.

If you have a therapist, they can review the WPATH standards of care here:
https://www.wpath.org/publications/soc

If you do not have a therapist or need an additional letter, you can receive one from the LGBTQ+ Resource Center counselor (at no-cost) or a CAPS provider. Financial assistance is available for all CAPS services.

CAPS Care Coordinators can also help you find an affirming therapist off-campus.
Once you have found a surgeon, call CAPS at (520) 621-3334 and ask for a Care Coordinator. Care Coordinators are able to generate referrals for plastic surgery in the United system. This way your surgeon’s office can bill your insurance.
A consultation is an opportunity to ask all of your questions and get to know your surgeon.

Again, ask lots of questions! This is when you can ask to see results photos of surgeries they have done before and collaborate about your desired outcomes.
You have a referral for surgery in the United system
You are seeing an in-network provider
You have met the $250 deductible

You are responsible for paying 20% of the total cost of services (AKA your "coinsurance") when:

- You have a referral for surgery in the United system
- You are seeing an in-network provider
- You have met the $250 deductible

The total cost includes surgery, hospital bills, anesthesia, etc. **The maximum amount out-of-pocket amount is $1500.** If you reach this amount in a policy year, the rest of your covered services are paid by insurance.

Please note, this does not guarantee payment. These are rough estimates and things change! If you are curious about the cost of your surgery and services, contact the administrative staff at your surgeon's office about their rates with United. Ask questions!

If you have specific questions about the UHC SR policy, contact the Student Insurance Office at (520) 621-5002 or email ssurgerysrs@uhcsr.com.
OUT-OF-NETWORK

If you want to see a surgeon that is not in-network with United, there are still ways to bill insurance!

If there are no in-network providers that perform your surgery in Arizona, you can ask the surgeon to file a “single-case agreement” for in-network rates. Make sure to mention this to your surgeon/their office so that they can work directly with United Healthcare Student Resources.

If there are in-network surgeons available for your procedure but you prefer to see an out-of-network surgeon, a single-case agreement is not an option. Therefore your services are processed as out-of-network and will be billed accordingly.

In this scenario, be prepared to pay out of pocket for everything initially. Once you receive an itemized statement with codes for services, you can submit a claim to UHC SR for partial reimbursement. Ultimately, this is a more expensive option.

The coinsurance for out-of-network providers is 50% (of what United typically covers). You’ll have to meet a $1000 deductible and $3000 out-of-pocket maximum.

If you have questions, feel free to call a CAPS Care Coordinator or the Student Insurance Office for help!
The following surgeons in Arizona are known to be in-network with United.

**Dr. Steven Turkeltaub (Scottsdale)**
Top Surgeon
[https://www.turkeltaub.com](https://www.turkeltaub.com)
(480) 451-3000

**Hess, Sandeen & Lee Plastic Surgery (Tucson)**
Top Surgeon
[https://hessandsandeene.com/](https://hessandsandeene.com/)
(520) 297-3300

**Craft MD (Phoenix)**
Top Surgeon
[https://www.drcraft.com/](https://www.drcraft.com/)
(602) 584-8883
The following surgeons perform gender-affirming surgeries in Arizona, but are not contracted with United.

**Ethan E. Larson, MD**
Top Surgeon
7005 N Oracle Rd., Tucson, AZ 85704
(520) 447-0156
[https://www.larsonplasticsurgery.com/](https://www.larsonplasticsurgery.com/)

**The Meltzer Clinic**
All surgeries
Office: 480-657-7006
Email: info@themeltzerclinic.com
[https://themeltzerclinic.com/](https://themeltzerclinic.com/)

**Dr. Raad M. Taki, MD**
Top Surgeon
4580 E Camp Lowell Dr., Tucson, AZ 85712
(520) 881-3232
[https://takiplasticsurgery.com/](https://takiplasticsurgery.com/)

**Valladolid Plastic Surgery**
Top, bottom surgery and FFS
Scottsdale, Mesa and Phoenix
Phone: (480) 770-5015
[https://www.drvplastics.com/](https://www.drvplastics.com/)

**Dana Balderamama, MD**
Top Surgeon
1945 Mesquite Ave, Ste D,
Lake Havasu City, AZ 86403
Office: (928) 453-9487
[https://balderramamd.com/](https://balderramamd.com/)

**Gwen Maxwell, MD, FACS**
Breast augmentation only
2490 E. River Road, Ste 100,
Tucson, AZ 85718
520-751-1225
Email: maxwellinfo@maxwell-aesthetics.com
View full policy and criteria for gender-affirming surgeries here:

Insurance has its own language! Here is a glossary with commonly used terms provided by UA Campus Health:

**Insured** - person/persons covered by the health plan.
**Insurer** - the company that manages your plan benefit.
**Benefits** - medical services/supplies you can receive by paying your premium.
**Premium** - amount paid to health insurance plans to remain active. Higher premiums usually mean lower deductible.
**Deductible** - the amount you pay for covered health care services before your health plan begins to pay.
**Coinsurance** - a set percentage you pay on the total cost of covered services after you meet your deductible.
**Copayment** - a fixed amount you pay each time for health services. Amount may fluctuate depending on services.
**Referral** - in some cases you may need a referral to visit a certain specialist. Without one, your health insurer may not cover the total cost.
**In-Network** - health services your health insurance has contracted with to deliver healthcare services to their members.
**Out-Of-Network** - health services your health insurance has NOT contracted with. This means you will pay more.
**Out-Of-Pocket Maximum** - the most you will pay for covered benefits in the plan year. If you reach the maximum, your health insurer pays 100% of any covered services for the rest of the year plan.