

Insurance and Payment

Insurance:

- **Referrals to be our patient:** Planned Parenthood works with many, but not all, insurance plans for gender affirming hormone therapy. If you have:
 - **PPO plan (preferred provider organization):** you can typically choose to go wherever you wish without a referral, as long as we work with your insurance
 - **Commercial HMO plan, and many types of Medi-Cal:** you might need a referral from your primary care provider (this is the main doctor who you're assigned to, or your home clinic). This is called a referral authorization, and is processed using your insurance company's website. Your doctor's office will need some basic information about the type of care you're getting, which location and for how long. Sometimes they'll want us to send them a referral request letter first – if so, please get their fax number. The referral usually lasts for 1 year.
- **Coverage:** Gender affirming care must be covered in California, according to the Insurance Gender Nondiscrimination Act, AB 1586. However, if you have not met your deductible, or would have a copay for any other service, the same will apply to your gender affirming care services and prescriptions. We will check for insurance coverage before or at the start of your visit. You can ask the front desk for a cost estimate before you begin your appointment.
- **Medication authorization:** Certain medications may require yearly prior authorization from your insurance. Please allow extra time (1-2 weeks) for us to submit for authorization, and notify us if your pharmacy says a new authorization is needed. We will often, but not always, receive a fax from them with this information.
- **Changing medication:** Sometimes a plan will cover an alternative medication if we can show that you tried their preferred form of the medication and had a problem with it.

If you are uninsured:

- **Family PACT:** We may be able to sign you up for Family PACT if you meet the income and other requirements and are receiving certain sexual health services. Family PACT covers the cost of the visit with the provider under some circumstances. It does not cover gender-affirming medications.

- **Sliding Scale:** We have a sliding scale option for our visits, based on your income.
- **Medications:** If you do not have insurance, you can pay out of pocket for your medications. We recommend that you ask your provider about prescription discount programs to reduce the cost to you, such as GoodRx.com.
- **Lab tests:** If you need lab work and do not have insurance, you can arrange to come to Planned Parenthood for your blood draw and pay us directly using our sliding scale. We have worked to make this service very affordable.
- **Losing coverage:** If you lose insurance coverage, please let us know. We can help you find the most affordable approach to continuing your hormone therapy. We want you to have access to this medically necessary care.

If you move to a different county or state:

- **Remote care:** If you move within the state, we may still be able to see you remotely. We can work with you to coordinate getting labs, scheduling telehealth appointments and finding a pharmacy.
- **Out-of-county referrals:** However, if your insurance plan is out of county, you might not be able to get a referral to come see us from your new primary care doctor. This means you'd need to pay out of pocket for your visits with us until you're able to establish care in your new county.
- **Transferring care:** We may be able to help you find a new provider. Planned Parenthood health centers throughout the country are working to expand access to gender affirming care. If you want your medical records sent to your new provider, you'll need to fill out a release form. It's helpful to do this before you move, but if needed we can mail you the release form.