This *rider* modifies the terms of your health plan. Please keep this *rider* with your Benefit Description for easy reference.

The *inpatient* and *outpatient* benefits described in your Benefit Description have been changed.

In addition to the *medically necessary* transgender surgery and related health care services as outlined in the Blue Cross and Blue Shield medical policy, your health plan will also provide coverage for electrolysis or laser hair removal on any part of the body, for those who identify as transgender or non-binary, when these services are furnished by a licensed provider. Your cost share amount is the same that you would normally pay for similar services for other conditions.

**No benefits** are provided for services and procedures that are not considered to be *medically necessary*, except as described in this *rider* for gender affirmation services.

All other provisions remain as described in your Benefit Description.