

**Rider**  
**Gender Affirmation Services**

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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.