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

The exclusion for coverage of services and supplies that are related to sex change surgery or to the reversal of a sex change as described in Part 6 of your Benefit Description has been removed.

Your health plan provides coverage for treatment of transsexualism and other gender identity disorders subject to the terms and conditions of your health plan. These covered services include (but are not limited to):

- Mental health services with a focus on gender identity and related issues. These services are included as part of your mental health benefits. (Refer to your Benefit Description for the benefit limits, if any, and the cost that you pay for covered mental health treatment.)
- Hormone therapy.
- Gender reassignment surgery.

No benefits are provided for services and procedures that are considered to be cosmetic services. Cosmetic services that may be used to make a person look more feminine include, but are not limited to, procedures such as: plastic surgery of the nose; face lift; lip enhancement; facial bone reduction; plastic surgery of the eyelids; liposuction of the waist; reduction of the thyroid cartilage; hair removal; hair transplants; and surgery of the larynx, including shortening of the vocal cords. Cosmetic services that may be used to make a person look more masculine include, but are not limited to, procedures such as: chin implants; nose implants; and lip reduction.

All other provisions remain as described in your Benefit Description.

This rider is attached to the Blue Cross Blue Shield of Massachusetts Benefit Descriptions for the MIT Traditional Health Plan and the MIT Choice Plan, effective 8/1/2013.