attached to and made part of Blue Cross and Blue Shield of Massachusetts, Inc. Blue Care Elect Preferred Provider Plan Subscriber Certificate

Rider Gender Reassignment Benefits

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

The exclusion for coverage of services and supplies related to a sex change surgery as described in Part 6 of your Subscriber Certificate has been removed.

Your health plan covers services related to the treatment of gender identity disorders. This means that, in addition to the *covered services* described in your Subscriber Certificate, your coverage also includes benefits for hormone therapy for gender reassignment and gender reassignment surgery. Your cost share amount is the same that you would normally pay for similar services for other conditions.

No benefits are provided for cosmetic services related to gender reassignment. These excluded cosmetic services are procedures that may be used to make a person look more feminine or more masculine and include, but are not limited to: 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; surgery of the larynx, including shortening of the vocal cords; chin implants; nose implants; and lip reduction.

All other provisions remain as described in your Subscriber Certificate.

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