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## Amendment to Your Coverage Manual

This amendment to your coverage manual is effective **January 1, 2017**. The headings refer to sections in the coverage manual. Please review this amendment and keep it with your coverage manual.

### Medical

#### Details – Covered and Not Covered

##### Mental Health Services

*You are not covered for Applied Behavior Analysis (ABA) services. Therefore, the following exclusion is revised:*

##### Not Covered:

- Applied Behavior Analysis (ABA) services.

*You are covered for treatment of gender identity disorders. Therefore, the following exclusion is removed:*

##### Not Covered: Treatment for:

- Gender identity disorders.

##### Preventive Care

*The “medical evaluations related to nicotine dependence” bullet, under Preventive Care is revised:*

##### Covered: Preventive care such as:

- Medical evaluations and counseling for nicotine dependence per U.S. Preventive Services Task Force (USPSTF) guidelines.

*The following exclusion is added:*

##### Not Covered:

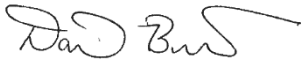
- All other treatment related to nicotine dependence, except prescription drugs and devices used to treat nicotine dependence, including over-the-counter drugs prescribed by a physician. These are covered under your prescription drug benefits.

**Surgery**

*You are covered for gender reassignment surgery. Therefore, the following exclusion is removed:*

**Not Covered:** Gender reassignment surgery.

All other terms and provisions of your coverage manual, including any amendments we may have issued previously, remain unaltered and in effect.



David S. Brown  
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