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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 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
Executive Vice President, Chief Financial Officer and Treasurer
Wellmark Blue Cross and Blue Shield of South Dakota