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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:

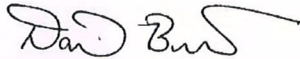
- All other treatment related to nicotine dependence, except prescription drugs and devices used to treat nicotine dependence, including over-the-counter drugs prescribed by a physician. These are covered under your prescription drug benefits.

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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Wellmark Blue Cross and Blue Shield of Iowa