



Blue Shield of California Life & Health Insurance Company Endorsement

This Endorsement should be attached to, and is made part of, your **Active Start Plan 25 – G [IFP-AS025-000GF (3-13)]; Active Start Plan 25 Generic Rx – G [IFP-AS025GRX-000GF (3-13)]; Active Start Plan 35 – G [IFP-AS035-000GF (3-13)]; Active Start Plan 35 Generic Rx – G [IFP-AS035GRX-000GF (3-13)]; Balance Plan 1000 – G [IFP-DOID10-000GF (3-13)]; Balance Plan 1700 – G [IFP-DOID17-000GF (3-13)]; Balance Plan 2500 – G [IFP-DOID25-000GF (3-13)]; Blue Shield Life PPO Plan 1500 – G [IFP-DOID15-000GF (3-13)]; Blue Shield Life PPO Plan 2000 – G [IFP-DOID20-000GF (3-13)]; Shield Savings 1800/3600 – G [IFP-DOIPSP-001GF (1-12)]; Shield Savings 3500 – G [IFP-DOIPSP-002GF (3-13)]; Shield Savings 4000/8000 – G [IFP-DOIPSP-000GF (3-13)]; Shield Savings 5200 – G [IFP-DOIPSP-003GF (3-13)]; Shield Spectrum PPO Plan 5000 – G [IFP-DOISS-000GF (3-13)]; Shield Spectrum PPO Plan 5000 – G [IFP-DOIDED50-000GF (3-13)]; Vital Shield 900 – G [IFP-DOID9-000GF (1-12)]; Vital Shield 2900 [IFP-DOID29-000GF (3-13)]; Vital Shield Plus 400 – G [IFP-DOIDP4-000GF (3-13)]; Vital Shield Plus 400 Generic Rx – G [IFP-DOIDP4GRX-000GF (3-13)]; Vital Shield Plus 900 – G [IFP-DOIDP9-000GF (3-13)]; Vital Shield Plus 900 Generic Rx – G [IFP-DOIDP9GRX-000GF (3-13)]; Vital Shield Plus 2900 – G [IFP-DPODP29-000GF (3-13)]; Vital Shield Plus 2900 Generic Rx – G [IFP-DOIDP29GRX-000GF (3-13)]; Active Start Plan 25 [IFP-AS025-000NGF (3-13)]; Active Start Plan 25 Generic Rx [IFP-AS025GRX-000NGF (3-13)]; Active Start Plan 35 [IFP-AS035-000NGF (3-13)]; Active Start Plan 35 Generic Rx [IFP-AS035GRX-000NGF (3-13)]; Balance Plan 1000 [IFP-DOID10-000NGF (3-13)]; Balance Plan 1700 [IFP-DOID17-000NGF (3-13)]; Balance Plan 2500 [IFP-DOID25-000NGF (3-13)]; Essential Plan 1750 [IFP-DOID175-000NGF (3-13)]; Essential Plan 3000 [IFP-DOID30-000NGF (3-13)]; Essential Plan 4500 [IFP-DOID45-000NGF (3-13)]; Shield Savings 1800/3600 [IFP-DOIPSP001NGF (3-13)]; Shield Savings 3500 [IFP-DOIPSP002NGF (3-13)]; Shield Savings 4000/8000 [IFP-DOIPSP-000NGF (3-13)]; Shield Savings 5200 [IFP-DOIPSP-003NGF (3-13)]; Shield Spectrum PPO Plan 5000 [IFP-DOID5-000NGF (3-13)]; Vital Shield 900 [IFP-DOID9-000NGF (3-13)]; Vital Shield 2900 [IFP-DOID29-000NGF (3-13)]; Vital Shield Plus 400 [IFP-DOIDP4-000GF (3-13)]; Vital Shield Plus 400 Generic Rx [IFP-DOIDP4GRX-000GF (3-13)]; Vital Shield Plus 900 [IFP-DOIDP9-000NGF (3-13)]; Vital Shield Plus 900 Generic Rx [IFP-DOIDP9GRX-000NGF (3-13)]; Vital Shield Plus 2900 [IFP-DOIDP29-000NGF (3-13)]; Vital Shield Plus 2900 Generic Rx [IFP-DOIDP29GRX-000NGF (3-13)]; Shield Savings 4000 / 8000 (for Insureds selecting Guaranteed Issue coverage) [IFP-DOIGI-001NGF (3-13)]; Blue Shield Life PPO Plan 1500 – G (for Insureds selecting Guaranteed Issue coverage) [IFP-DOID15GI-GF (3-13)]; Blue Shield Life PPO Plan 1500 – G [IFP-DOID15-GF (3-13)]; Blue Shield Life PPO Plan 2000 – G (for Insureds selecting Guaranteed Issue coverage) [IFP-DOID20GI-GF (3-13)]; Blue Shield Life PPO Plan 2000 – G [IFP-DOID20-GF (3-13)]; Shield Spectrum PPO Converse Plan 2000 (BSL) – G [IFP-DOICP2-GF (3-13)]; or Shield Savings 4000 / 8000 – G (for Insureds selecting Guaranteed Issue coverage) [IFP-DOIGI-001GF (3-13)] Policy issued by Blue Shield of California Life & Health Insurance Company. Please keep this endorsement for your records.**

Effective **September 2, 2012**, your **POLICY** is amended as follows: [Please note for ease of review, strikethroughs indicate deleted text and underlining indicates added text.]

The section entitled **Principal Limitations, Exceptions, Exclusions, and Reductions** is revised as follows (Please note, the sequential numbering of items in the section is dependent upon the specific Policy’s Benefits and is therefore different. For the purposes of this Endorsement “##” has been utilized as a place holder for the sequential numbering)

Principal Limitations, Exceptions, Exclusions, and Reductions

~~For transgender or gender dysphoria conditions, including but not limited to, intersex surgery (transsexual operations), or any related services, or any resulting medical complications, except for treatment of medical complications that is Medically Necessary;~~

For Services related to gender transition unless the requested Services would otherwise be covered when not related to gender transition;

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IN WITNESS WHEREOF, Blue Shield of California Life & Health Insurance Company, through its duly authorized Officers, execute this Policy to take effect on the Subscriber's Effective Date.



Seth A. Jacobs, Secretary
Blue Shield of California Life & Health Insurance Company



Lou Lombardo, President & Chief Executive Officer
Blue Shield of California Life & Health Insurance Company