Louisiana HMO Louisiana

HEALTH PLAN FOR STATE OF LOUISIANA EMPLOYEES AND RETIREES

FERTILITY PRESERVATION SERVICES AMENDMENT

This Amendment is issued by the Plan Administrator for the Plan documents listed in each numbered section and is effective as noted in each numbered section. Words that are ~~stricken-through~~ are deleted. Words that are underlined are added.

1.

This change is effective on and after 01/31/2025. The following language in the Benefit Plan documents identified by Form Numbers: 40HR1607 R01/25 (Magnolia Local Plus), 40HR1695 R01/25 (Magnolia Open Access), 40HR2027 R01/25 (Magnolia Local), 40HR2031 R01/25 (Pelican HRA 1000), and 40HR1697 R01/25 (Pelican HSA 775) are amended as follows: *[Formatting Note- The bracketing of the paragraph alpha order [Q.] denotes that the appropriate alpha identifier will be maintained in correct alpha order in each individual plan document.)*

ARTICLE II. DEFINITIONS

Iatrogenic Infertility – Impairment of fertility caused directly or indirectly by Surgery, chemotherapy, radiation, or other Medically Necessary medical treatment affecting reproductive organs or processes.

ARTICLE XIV. OTHER COVERED SERVICES, SUPPLIES OR EQUIPMENT

[Q]. Fertility Preservation Services

Medically Necessary standard fertility preservation services are covered for a Plan Participant receiving Medically Necessary treatment that will result in Iatrogenic Infertility.

Standard fertility preservation services ~~include~~ cover extraction (including drugs for extraction obtained under the medical Benefit), cryopreservation, and up to three (3) years of storage of oocytes and sperm. ~~No benefits are available for Prescription Drugs whether offered as a pharmacy Benefit or medical Benefit as part of the standard fertility preservation services.~~

Benefits for fertility preservation services are subject to a lifetime maximum of $10,000. If storage costs have been covered for three (3) years, no additional benefits will be provided, even if the $10,000 lifetime maximum has not been met. This Benefit is subject to payment of any applicable Copayment, Deductible Amount and Coinsurance which will apply to the $10,000 lifetime maximum.

2.

This change is effective on and after 01/31/2025. The following language in the Benefit Plan document identified by Form Number 40HR1697 R01/25 (Pelican HSA 775) is amended as follows:

ARTICLE VII. PRESCRIPTION DRUG BENEFITS

J. PRESCRIPTION DRUG LIMITATIONS AND EXCLUSIONS

5. Prescription Drugs that the Claims Administrator determines are not Medically Necessary for the treatment of illness or injury. The following are also excluded unless shown as covered on the Schedule of Benefits:

   f. fertility drugs are excluded, unless covered under the Fertility Preservation Services section of this Benefit Plan.

3.

ARTICLE XVI. LIMITATIONS AND EXCLUSIONS

G. REPRODUCTIVE/FERTILITY

3. Expenses subsequent to the initial diagnosis for infertility and Complications, including but not limited to, services, drugs, procedures, or devices to achieve fertility, in-vitro fertilization, low tubal transfer, artificial insemination, intracytoplasmic sperm injection, embryo transfer, gamete transfer, zygote transfer, surrogate parenting, donor semen, donor eggs, and reversal of sterilization procedures. This exclusion shall not apply to services covered under the Fertility Preservation Services section of this Plan.

ALL OTHER PROVISIONS NOT CHANGED BY THIS AMENDMENT REMAIN IN FULL FORCE AND EFFECT.