



## HEALTH PLAN FOR STATE OF LOUISIANA EMPLOYEES AND RETIREES

### 2022 Mammogram, Medical Appeals, Automatic Newborn, Pharmacy Benefit Manager

This Amendment is issued by the Plan Administrator for the Plan documents listed below, effective on and after 01/01/2022.

Benefit Plan: 40HR1607 R01/22, 40HR1695 R01/22,  
40HR2025 R01/22 40HR2027 R01/22 and 40HR2031 R01/22

This section of the Preventive or Wellness Care Article is hereby revised with the following:

#### A. Well Woman Examination (Benefit Period Deductible does not apply)

3. One (1) mammography examination, including breast ultrasound per Benefit Period. For Plan Participants ages 40-49, a mammography examination, including breast ultrasound may be conducted more frequently if recommended by a Physician. Any additional mammography examinations recommended by the Plan Participant's Physician may be subject to Copayments, Deductible Amounts and or Coinsurance as shown in the Schedule of Benefits. A breast ultrasound may be completed alone or in conjunction with a mammogram.

This section of the Complaint, Grievance and Appeal Article is hereby revised with the following language:

### ARTICLE XIX. COMPLAINT, GRIEVANCE AND APPEAL PROCEDURES

#### C. Appeals: Standard Appeal, External and Expedited Appeals

##### Medical Appeals

#### 1. First Level Internal Medical Appeals

A healthcare professional who has appropriate training and experiences in the field of medicine involved in the medical judgement and who is not subordinate to any previous decision maker on the initial Adverse Benefit Determination, will review the internal Medical Necessity Appeal.

Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. is a subsidiary of Blue Cross Blue Shield of Louisiana.  
Both companies are independent licenses of the Blue Cross and Blue Shield Association.

**This section of the Benefit Plans noted below is hereby revised by deleting the following language:**

**PELICAN HSA 775 40HR1697 R01/22, Pelican HRA 1000 40HR2031 R01/22**

**Article IV Benefits**

B. Deductible Amount

When a Child is born to a Plan Participant having Employee Only coverage, the Child is granted 30 days of automatic coverage on the Benefit Plan from the date of birth and the Deductible will increase from an Individual Deductible to a Family Deductible.

**Article XII Pregnancy Care and Newborn Care Benefits**

A. Pregnancy Care

When a Child is born to a policy having Subscriber only coverage, the Child is granted 30 days of automatic coverage on the policy from the date of birth and the Deductible will increase from an Individual Deductible to a Family Deductible. The Claim for the delivery charges may be applied to the new Family Deductible.

**This section of the Benefit Plan noted below is hereby revised with the following language:**

**Magnolia Local Plus 40HR1607 R01/22**

**Article XIV Other Covered Services, Supplies or Equipment**

AA. Prescription Drugs

Prescription Drugs Covered Under Pharmacy Plan

Prescription Drugs in the Formulary obtained from a retail pharmacy or by mail order through OGB's Pharmacy Benefits Administrator are payable under the OGB pharmacy benefit program. The Formulary and pertinent information about the PBM's handling of the pharmacy benefit program can be found on the OGB website or at [www.express-scripts.com](http://www.express-scripts.com) or by contacting Express Scripts member services at 1-877-417-8952 or 1-866-823-5178 (EGWP).

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