



**SCHEDULE OF BENEFITS AMENDMENT
GRANDFATHERED INDIVIDUAL BLUE VALUE**

This Amendment is issued to Form Number 40XX1176 R01/25, Grandfathered Individual Blue Value, for revision to the Schedule of Benefits, effective on or after January 1, 2025. The Schedule of Benefits was submitted in SERFF under tracking number BCLA-134244468 on September 12, 2024, and approved by DOI on October 21, 2024.

The following language on the Schedule of Benefits is amended as follows:

COINSURANCE

Coinsurance shown as Company / Member responsibility.
Deductible Amount applies unless otherwise stated as waived.

HOSPITAL, MEDICAL AND SURGICAL SERVICES

	NETWORK	NON-NETWORK
Emergency Medical Services (Hospital / Facility and Professional / Physician charges)	80% / 20%	80% / 20%
Air Ambulance Services	80% / 20%	80% / 20%
Ground Ambulance Services		
Emergency Ground Ambulance Services In-State	80% / 20%	80% / 20%
Emergency Ground Ambulance Services Out-of-State	80% / 20%	60% / 40%
Non-Emergency Ground Ambulance Services	80% / 20%	60% / 40%
Preventive or Wellness Care	100% / 0%	60% / 40%
	Deductible Waived	Deductible Waived
Attention Deficit / Hyperactivity Disorder (ADD / ADHD) Services*	80% / 20%	60% / 40%
All other Covered Services	80% / 20%	60% / 40%

Bryan R. Camerlinck
President and Chief Executive Officer

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