



FERTILITY PRESERVATION AMENDMENT

This Amendment is issued to all products identified in section (2) issued by HMO Louisiana, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of Louisiana, and is effective January 31, 2025, per the requirements of Louisiana Department of Insurance Directive 225.

All provisions, definitions, procedures, conditions, limitations, and exclusions of the Contract are applicable to this Amendment, unless they conflict with the provisions of this Amendment. If the provisions of the Contract or other amendments or endorsements heretofore issued conflict with those of this Amendment, the provisions of this Amendment will prevail.

1.

The following language in the plan documents are amended as shown below:

[ARTICLE VII] [Article 17]. OTHER COVERED SERVICES, SUPPLIES OR EQUIPMENT

[L]. Fertility Preservation Services

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

Standard fertility preservation services cover extraction (including drugs for extraction obtained under the medical Benefit), cryopreservation, and up to three (3) years of storage of oocytes and sperm.

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.

Coverage for fertility preservation services is excluded for Qualified Health Plans offered On-Exchange or Off-Exchange unless and until the Louisiana State Legislature appropriates funds to pay for the cost of coverage. To verify if you have a Qualified Health Plan, call customer service at the number on the ID card.

[ARTICLE XIX] [Article 19]. LIMITATIONS AND EXCLUSIONS

[11]. Benefits are excluded for Prescription Drugs that We decide are not Medically Necessary to treat illness or injury. Your plan does not cover the following unless the Schedule of Benefits shows that they are covered:

[e]. fertility drugs are excluded, unless covered under the Fertility Preservation Services Section of this Benefit Plan;

2.

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

Bryan R. Camerlinck
President and Chief Executive Officer

HMO Louisiana Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross Blue Shield Association.