Blue Cross and Blue Shield of Louisiana
HMO Louisiana

HEALTH PLAN FOR STATE OF LOUISIANA EMPLOYEES AND RETIREES

2021 BARIATRIC SURGERY BENEFIT AMENDMENT

This Amendment is issued by the Plan Administrator for the Plan documents listed below, effective on and after 08/01/2021.

**Benefit Plan: 40HR1607 R01/21, 40HR1695 R01/21,
40HR2027 R01/21 and 40HR2031 R01/21**

These sections of the Benefit Plan are hereby revised:

Article XIV. OTHER COVERED SERVICES, SUPPLIES OR EQUIPMENT

F. Bariatric Surgery Benefit (in a program approved by the Plan Administrator)

"Bariatric Surgery" is a term used to describe a variety of procedures intended to treat severe obesity through surgical means. The Bariatric Surgery Benefit under this Benefit Plan requires prior authorization for pre-operative services as well as the Bariatric Surgery and will be subject to all of the following limitations and requirements:

1. The Plan Participant seeking to participate in the Bariatric Surgery Benefit program is required to be either an Employee or Retiree. The Bariatric Surgery Benefit is only available for Dependents when, in addition to the other limitations and requirements for this Bariatric Surgery Benefit, one of the following criteria is met:
   a. The Dependent is also an Employee; or,
   b. The Dependent is a Retiree.
2. This Benefit is only available to a Plan Participant who has been enrolled in an Office of Group Benefits self-funded health plan with coverage in effect for at least twelve (12) consecutive months before seeking to enroll in this program.
3. The Plan Participant is required to meet the following additional requirements:
   a. The Plan Participant is required to have 1) a Body Mass Index (BMI) of 40 or greater, or 2) a BMI of 35 or greater and at least two comorbidities as approved by the Claims Administrator. Comorbidities must be associated with severe obesity and include but are not limited to the following:
      - Hypertension;
      - Sleep apnea;
      - Diabetes;
      - Severe Osteoarthritis;
      - Cardiopulmonary conditions.
   b. The Plan Participant is required to demonstrate compliance with medical and dietary management activities, such as diet and exercise.

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.

c. The Plan Participant is also required to satisfy the following requirements:

   i. To complete five (5) or more months of a medically supervised weight loss program.

   ii. To undergo nutritional counseling—including pre-operative nutritional assessment—and counseling about pre-operative nutrition, eating, and exercise.

   iii. To undergo a psychological assessment performed by a licensed, professional mental health practitioner and obtain clearance of the Plan Participant's ability to understand and adhere to the pre-operative and post-operative program.

   iv. To undergo other routine testing and evaluation(s) such as lab work, radiology services, respiratory services, nutritional consults, and psychological consults as directed by the treating Provider in order to ensure appropriateness of Bariatric Surgery.

4. Upon successful completion of the requirements in Item 3 above, prior authorization is required for the following covered procedures:

   a. gastric bypass surgery;

   b. sleeve gastrectomy;

   c. duodenal switch;

   d. single anastomosis duodeno-ileostomy with sleeve; or

   e. other methods recognized by the American Society for Metabolic and Bariatric Surgery as effective for the long-term reversal of severe obesity.

   The Bariatric Surgery Benefit is limited to these types of Bariatric Surgery. Any Bariatric Surgery not listed above is excluded.

5. No payment will be made for the above-listed surgeries unless:

   a. The Plan Administrator authorizes the services; and,

   b. The services are rendered in a Network Provider facility holding the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®) accreditation by the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS). To locate facilities holding the MBSAQIP® accreditation, Bariatric Surgery Benefit eligible Plan Participants should contact our customer service department at the number listed on their ID card.

6. Post-operative services are covered under the Bariatric Surgery Benefit.

7. Services to treat medical complications of the Primary Service under Article XIV, Section E are covered after the date of Surgery under the terms of this Benefit Plan.

8. A Plan Participant with Medicare as the Primary Plan and an OGB self-funded health plan as the Secondary Plan must meet all the requirements of this program, including but not limited to prior authorizations, before OGB will issue any benefits as the Secondary Plan.

9. Bariatric Surgery under this Benefit Plan is limited to one (1) per each Plan Participant's lifetime with the exception of medically necessary revisions. A Plan Participant who obtained a bariatric surgery pursuant to the "Heads Up" Program is not excluded from participation in this program.

10. The Plan Participant's payments (Copayments and/or Coinsurance) for the Bariatric Surgery Benefit do not accumulate towards the Plan Participant's Deductible Amount or Out-of-Pocket Amount.

11. The Bariatric Surgery Benefit program is limited to three hundred (300) surgeries per calendar year.
    a. Bariatric Surgery Benefit program participation will be on a first come, first serve basis.
    b. A Plan Participant who exits the Bariatric Surgery Benefit program prior to receiving the Bariatric Surgery will be considered eligible to re-apply for the program.
    c. Once three hundred (300) Plan Participants qualify for the Bariatric Surgery Benefit program, no additional authorizations for pre-operative services will be approved until either:
        i. A Plan Participant exits the program before undergoing a Bariatric Surgery; or,
        ii. A new calendar year begins.
    d. After three hundred (300) Plan Participants are participating in the program, a waiting list (also on a first come, first serve basis) will be established.
        i. This waiting list will be continued from year-to-year to maintain an applicant's position on the list.
        ii. The waiting list will be maintained by OGB.

ARTICLE XVI. LIMITATIONS AND EXCLUSIONS

1. REGARDLESS OF CLAIM OF MEDICAL NECESSITY, Benefits for prescriptions or supplements intended for weight management or nutrition after the Bariatric Surgery are excluded.
2. REGARDLESS OF CLAIM OF MEDICAL NECESSITY, Benefits for fat or skin removal surgery, or similar services are excluded.
3. For members who have NOT been approved for the Bariatric Surgery Benefit program, Benefits are **excluded** REGARDLESS OF CLAIM OF MEDICAL NECESSITY for services, surgery, supplies, treatment or expenses related to:
    a. Weight loss programs, whether for medical reasons or under medical supervision (other than for Plan Participants in the Plan's Bariatric Surgery Benefit program or another program approved by the Plan Administrator);
    b. Any Bariatric Surgery; or
    c. Obesity or morbid obesity regardless of Medical Necessity, except as required by law.

The Schedule of Benefits 40HR1608 R01/21, 40HR1696 R01/21, 40HR2028 R01/21, 40HR2032 R01/21 is hereby revised by the addition of the following:

Magnolia Open Access

	Active Employees/Non-Medicare Retirees		Retirees with Medicare
	Network Providers	**Non-Network Providers**	**Network and Non-Network/Providers**
Bariatric Surgery Services			
Facility Services	\$2,500.00 Copayment[2,3]	No Coverage	Network Providers \$2,500.00 Copayment[2,3] Non-Network Providers Not Covered
Professional Services	90% -10%[2,3]	No Coverage	Network Providers 90% - 10%[2,3] Non-Network Providers Not Covered
Preoperative and Postoperative Medical Services	80% - 20%[2,3]	No Coverage	Network Providers 80% - 20%[2,3] Non-Network Providers Not Covered

NOTE: No Benefits will be payable unless Prior Authorization is obtained, including Plan Participants with Medicare as the Primary Plan

Magnolia Local/Magnolia Local Plus

	NETWORK PROVIDERS		NON-NETWORK PROVIDERS
Bariatric Surgery Services			
Facility Services	\$2,500.00 Copayment[2,3]		No Coverage
Professional Services	90% -10%[2,3]		No Coverage
Preoperative and Postoperative Medical Services	80% - 20%[2,3]		No Coverage

NOTE: No Benefits will be payable unless Prior Authorization is obtained, including Plan Participants with Medicare as the Primary Plan

Pelican HRA 1000

	NETWORK PROVIDERS		NON-NETWORK PROVIDERS
Bariatric Surgery Services			
Facility Services	$2,500.00 Copayment[2,3]		No Coverage
Professional Services	90% -10%[2,3]		No Coverage
Preoperative and Postoperative Medical Services	80% - 20%[2,3]		No Coverage

NOTE: No Benefits will be payable unless Prior Authorization is obtained, including Plan Participants with Medicare as the Primary Plan

[1]Subject to Plan Year Deductible, if applicable

[2]Pre-Authorization Required, if applicable. Not applicable for Medicare primary.

[3]Age and/or Time Restrictions Apply

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

State of Louisiana Office of Group Benefits
Plan Sponsor

Blue Cross and Blue Shield of Louisiana
Claims Administrator

Steven Udvarhelyi, M.D.
President and Chief Executive Officer