



## HEALTH PLAN FOR STATE OF LOUISIANA EMPLOYEES AND RETIREES

### BARIATRIC SURGERY SERVICES & PHARMACY PLAN YEAR AMENDMENT

This Amendment is issued by the Plan Administrator for the Plan documents listed below, effective on and after 01/01/2023.

Impacts Schedule of Benefits: 40HR1608 R01/23, 40HR1696 R01/23, 40HR2028 R01/23 and  
40HR2032 R01/23

This section of the Schedule of Benefits is hereby reformatted as outlined below

#### Magnolia Open Access

Bariatric Surgery Services:			Network Providers \$2,500.00 Copayment <sup>2,3</sup>
• Facility Services	\$2,500.00 Copayment <sup>2,3</sup>	Not Covered	Non-Network Providers Not Covered
• Professional Services	90% - 10% <sup>2,3</sup>	Not Covered	Network Providers 90% - 10% <sup>2,3</sup>
			Non-Network Providers Not Covered
• Preoperative and Postoperative Medical Services	80% - 20% <sup>2,3</sup>	Not Covered	Network Providers 80% - 20% <sup>2,3</sup>
			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

<sup>1</sup>Subject to Plan Year Deductible, if applicable

<sup>2</sup>Pre-Authorization Required, if applicable. Not applicable for Medicare primary.

<sup>3</sup>Age and/or Time Restrictions Apply

#### Magnolia Local, Magnolia Local Plus & Pelican HRA 1000

	NETWORK PROVIDERS		NON-NETWORK PROVIDERS
Bariatric Surgery Services			
• Facility Services	\$2,500.00 Copayment <sup>2,3</sup>		No Coverage
• Professional Services	90% - 10% <sup>2,3</sup>		No Coverage
• Preoperative and Postoperative Medical Services	80% - 20% <sup>2,3</sup>		No Coverage

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

<sup>1</sup>Subject to Plan Year Deductible, if applicable

<sup>2</sup>Pre-Authorization Required, if applicable. Not applicable for Medicare primary.

<sup>3</sup>Age and/or Time Restrictions Apply

**This section of the Schedule of Benefits is hereby revised with the updated plan year**

**PHARMACY PLAN YEAR CORRECTION**

**CVS Caremark Formulary: 4-Tier Plan Design**

OGB's Pharmacy Benefit Manager for the 2023 Plan year is CVS Caremark. OGB will use the CVS Caremark Formulary to help Plan Participants select the most appropriate, lowest-cost options. The Formulary is reviewed on at least a quarterly basis to re-assess drug tiers based on the current prescription drug market. Plan Participants will continue to pay a portion of the cost of their prescriptions in the form of a copayment or coinsurance. The amount Plan Participants pay toward their prescription depends on whether they receive a generic, preferred brand or non-preferred brand name drug. You must use drugs on the Formulary to qualify for pharmacy benefits under the Plan

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