



AMENDMENT - CORRECTION OF CARE LANGUAGE

This Amendment is issued to all products identified in section (4) issued by Blue Cross and Blue Shield of Louisiana, incorporated as Louisiana Health Service and Indemnity Company, and is effective January 1, 2026.

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

1.

The language shown below by ~~strikethrough~~ deletions was added and the language underlined below was deleted in the products identified below due to a drafting mistake. That language was not intended to change and should not have been included in the products when they were filed with the Louisiana Department of Insurance for the plan year 2026 renewal. This amendment is intended to align the text of the products identified below with the benefits included in the contract and to cure that drafting mistake. Members will receive notice of this change and the correction to the language in their plan documents as noted in section (2) below.

The following language in the plan documents shown by ~~strikethrough~~ deletions was included and the underlined additions was removed from the products identified at section (4) below due to an editorial mistake:

ARTICLE XIII. PREGNANCY CARE AND NEWBORN CARE BENEFITS

Benefits for treatment of ectopic pregnancies and spontaneous abortions (miscarriages) are available for all covered Members under the Hospital Benefits and Medical and Surgical Benefits Articles of this Benefit Plan.

Benefits are available for Pregnancy Care furnished by a Hospital, Physician, or Allied Health Provider to a Subscriber or Dependent wife of a Subscriber ~~Member~~ whose coverage is in effect at the time such services are furnished in connection with her pregnancy.

An Authorization is required for a Hospital stay for a newborn whose stay in the Hospital continues after the discharge of the mother. An Authorization is also required for a newborn that is admitted separately from the mother because of neonatal Complications.

We have several maternity programs available to help pregnant Members deliver healthy babies. Please call Our customer service department at the number on the ID card when You learn You are having a baby. When You call, we will let You know what programs are available to You.

2.

The language in the products identified in Section (4) are hereby amended, effective upon issuance or renewal of on or after January 1, 2026, to read as follows:

ARTICLE XIII. PREGNANCY CARE AND NEWBORN CARE BENEFITS

Benefits for treatment of ectopic pregnancies and spontaneous abortions (miscarriages) are available for all covered Members under the Hospital Benefits and Medical and Surgical Benefits Articles of this Benefit Plan.

Benefits are available for Pregnancy Care furnished by a Hospital, Physician, or Allied Health Provider to a Subscriber or Dependent wife of a Subscriber whose coverage is in effect at the time such services are furnished in connection with her pregnancy.

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

An Authorization is required for a Hospital stay for a newborn whose stay in the Hospital continues after the discharge of the mother. An Authorization is also required for a newborn that is admitted separately from the mother because of neonatal Complications.

We have several maternity programs available to help pregnant Members deliver healthy babies. Please call Our customer service department at the number on the ID card when You learn You are having a baby. When You call, we will let You know what programs are available to You.

3.

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

4.

The following products are impacted by this Amendment:

Product Name	Form Number	State Tracking #	Date of Last Approval
BCBSLA GF GRP Group Care PPO	40XX0492	976427	08/28/2025
BCBSLA GF GRP Premier Blue	40XX1375	976428	08/28/2025



Bryan R. Camerlinck
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