



## 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.

#### ARTICLE XVII. LIMITATIONS AND EXCLUSIONS

D. Unless otherwise shown as covered on the Schedule of Benefits, the following are excluded:

~~21. **REGARDLESS OF CLAIM OF MEDICAL NECESSITY**, Benefits are excluded for Hospital, medical or Surgical services rendered in connection with the pregnancy of a covered Dependent child or grandchild.~~

2.

The language in the product identified in Section (4) is 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 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.

3.

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

4.

The following product is impacted by this Amendment:

Product Name	Form Number	State Tracking #	Date of Last Approval
BCBSLA GF GRP LABI Blue Saver	40XX1326	976453	08/28/2025

Bryan R. Camerlinck  
President and Chief Executive Officer