



HEALTH PLAN FOR ACTIVE STATE OF LOUISIANA EMPLOYEES

Addition of Prescription Drug: PCSK-9 Coverage Amendment

This Amendment is issued by the Plan Administrator for the Plan document listed below, effective on and after 07/01/2024.

Schedule of Benefit: PELICAN HSA 775 40HR1698 R01/24

The Schedule of Benefits Prescription Drugs Subsection is hereby revised with removal of the following language: Proprotein convertase subtilisin/kexin type 9 (PCSK-9) inhibitors (e.g., Praluent®, Repatha™) are excluded.

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

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