



HEALTH PLAN FOR ACTIVE STATE OF LOUISIANA EMPLOYEES

Prescription Drug Exclusion Amendment

This Amendment is issued by the Plan Administrator for the plan document listed below, effective on and after 08/01/2024.

Benefit Plan: PELICAN HSA 775 40HR1697 R01/24

Article VII Prescription Drug Benefits Subsection L: Prescription Drug Limitations and Exclusions is hereby revised with addition of the following language:

REGARDLESS OF CLAIM OF MEDICAL NECESSITY, Benefits for Wegovy (and its generic when available) are excluded for all indications/uses.

REGARDLESS OF CLAIM OF MEDICAL NECESSITY, Benefits for Zepbound (and its generic when available) are excluded for all indications/uses.

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

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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.