

Exhibit 9: Form of Advisory Board Side Letter

[Elevance Health and LHSIC Joint Letterhead]

[Date]

Re: LHSIC Advisory Board

Dear [Advisory Board Member]:

As you know, an integral part of the transaction (the "Transaction") contemplated by that certain Agreement and Plan of Acquisition, made and entered into as of _____, 2023 (the "Agreement"), by and among Elevance Health, Inc. ("Elevance"), ATH Holding Company, LLC, Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (the "Company"), and The Accelerate Louisiana Initiative, Inc., is the establishment of an Advisory Board (the "Advisory Board"), the Charter of which is attached hereto as Exhibit A (the "Charter"). We are pleased to appoint you as an Initial Member (as defined in the Charter) of the Advisory Board and look forward to your active participation and input.

We have committed and hereby commit to you that the Advisory Board will remain intact for a period of at least ten years from the date of the closing of the Transaction. We also commit to you that we will not amend the Charter except in accordance with the terms thereof. In consideration for your service on the Advisory Board, we have agreed that you will receive an annual retainer of not less than \$105,000, which shall be paid to you in quarterly installments for so long as you serve as a member of the Advisory Board. If you are or become the Chairperson of the Advisory Board, you would receive an additional amount of not less than \$25,000 per year for the period of your tenure as Chair. The amounts set forth in the preceding sentences shall not be decreased by the Company or Elevance (whether directly or as a result of an amendment to the Charter) without your prior written consent.

Of course, your rights to any compensation for your service on the Advisory Board would cease as of the effective date of the termination of your service as a member of the Advisory Board in accordance with the provisions of the Charter.

Thank you for your commitment to the Advisory Board and its mission.

Very truly yours,

ELEVANCE HEALTH, INC.

By: _____

Name:

Title:

LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY

By: _____

Name:

Title: