

## **Bariatric Surgery**

The Plan pays benefits for charges incurred for bariatric surgery recommended by a physician; if the participant or dependent has a Body Mass Index (BMI) [weight (kilograms)/height (meters)<sup>2</sup>] of 40 or higher, or has a BMI of 35 or higher with one or more related co-morbid conditions; as determined in the sole and absolute discretion of the Board or its Delegate; limited to one surgery per lifetime. Covered Services must be incurred through a center of excellence network for bariatric surgery contracted with the Fund. There is no coverage for bariatric surgery performed out-of-the applicable network. Prior authorization is required for all bariatric surgery services.