

## Transplant Procedures

The Plan covers allowable charges for the following human-to-human organ or tissue transplant procedures under the medical benefit:

- bone marrow (self and other donated);
- heart transplants;
- heart and lung transplants;
- lung transplants;
- liver transplants;
- cornea transplants;
- kidney transplants;
- stem cell (after review);
- pancreas transplants (after review);
- kidney/pancreas transplants (after review); and
- kidney/liver transplants (after review).

“After review” means a medical review to determine medical necessity and non-experimental treatment status according to accepted standards of medical practices through established medical review mechanisms.

The maximum benefit payable is the total of all medical benefits otherwise payable under the Plan that are incurred as the result of you or your Dependent undergoing one of the above transplants. Charges for services and supplies provided to a donor who does not have medical coverage for these expenses are also included in this limit. Donor expenses are limited to \$25,000 (Participant or Dependent donating to another Participant or Dependent, or to a donor without medical coverage). All covered expenses must be incurred at an in-network transplant Center of Excellence for all covered transplants except cornea and kidney. Cornea and kidney transplant services must be incurred at a provider in the Preferred Provider Network. ***There is no coverage for transplants performed out of the applicable preferred provider network.*** Prior authorization is required for all covered transplant services.

Covered services must be for a human-to-human organ or tissue transplant and include:

- organ and tissue procurement;
- transportation, lodging, and meal costs up to \$10,000 for the recipient and a companion, or two companions if the recipient is a minor;
- hospital, room and board, and medical supplies;
- diagnosis, treatment, and surgical procedures performed by a Medical Doctor (M.D.);
- private nursing care by an RN or LPN;
- rental of wheelchair, hospital-type beds, and respiratory therapy equipment or other durable medical equipment;
- local ambulance services;
- medications;

- X-rays and other diagnostic services, laboratory tests, and oxygen; and
- surgical dressings and supplies.

A transplant benefit period begins five days before the date of the organ or tissue transplant (30 days before for bone marrow transplants) and ends 18 months after the transplant procedure. Multiple transplant procedures may be covered under the same or separate benefit periods. If the transplants are due to:

- related causes, they will be covered in the same benefit period;
- unrelated causes, they will be covered under separate benefit periods; or
- related causes, they are covered under separate benefit periods if the eligible Participant returns to active work before the second transplant, or for a Dependent, if the Dependent's transplants are separated by at least three consecutive months.