

**AMENDMENT NUMBER 2
TO
ENLOE MEDICAL CENTER
EMPLOYEE BENEFIT PLAN**

The Enloe Medical Center Employee Benefit Plan is hereby amended as follows:

Effective January 1, 2023

I. In **ARTICLE IV – MEDICAL BENEFITS** section **G. Covered Medical Expenses**, subsection **Surgical Services**, item number 7 is deleted and replaced with the following:

7. Non-experimental organ and tissue transplant services to an organ transplant recipient who is covered under this Plan. Benefits are payable only if a Blues Distinction Center facility is used. In addition, some eligible expenses listed below are payable only within the Blues Distinction Center. The Blues Distinction Center must be specifically approved and designated by Blue Shield of CA to perform the required procedure. Treatment or service of a covered transplant will be covered at the network level of benefits only if performed in a facility that has been designated as a Blues Distinction Center for the type of transplant in question.

Any treatment or service related to a transplant that is provided by a facility not specified as a Blues Distinction Center facility (even if the facility is considered a network facility for other types of treatment or service) will be covered at the non-network level of benefits.

Eligible expenses for transplants include the following:

- a. Charges for activating the donor search process with national registries.
- b. Compatibility testing of prospective organ donors who are immediate family. For the purpose of transplant-related eligible expenses, "immediate family" is defined as a first-degree biological relative. This means a covered employee or covered dependent's biological parent, sibling or child.
- c. *Inpatient* and *outpatient* eligible expenses directly related to a transplant.
- d. Charges made by a *physician* or transplant team.
- e. Charges made by a *hospital*, *outpatient* facility, or *physician* for the medical and surgical expenses of a live donor, but only to the extent not covered by another plan or program.
- f. Related treatment or service provided by the Blues Distinction Center during the transplant process. The treatment or service may include: physical, speech and

occupational therapy; bio-medicals and immunosuppressants; home health care, and home infusion services.

Transplant eligible expenses are typically incurred during the four phases of transplant care described below. Transplant-related eligible expenses incurred for one transplant during these four phases of care will be considered one transplant occurrence.

"Transplant Occurrence" is a period of time beginning at the point of evaluation for a transplant and ends either: (1) 180 days from the date of the transplant; or (2) upon the date the transplant recipient is discharged from the *hospital* or *outpatient* facility for the admission or visit(s) related to the transplant, whichever is later. The four phases of one transplant occurrence and a summary of transplant-related eligible expenses during each phase are: Pre-transplant Evaluation/Screening: Includes all transplant-related professional and technical components required for assessment, evaluation and acceptance into a transplant facility's transplant program.

Pre-transplant/Candidacy Screening: Includes HLA typing/compatibility testing of prospective organ donors who are immediate family.

Transplant Event: Includes *inpatient* and *outpatient* services for all transplant-related eligible expenses provided to the transplant recipient and a donor during the one or more surgical procedures or medical therapies for a transplant; prescription drugs provided during the hospital inpatient confinement or outpatient visit(s), including biomedical and immunosuppressant drugs; physical, speech or occupational therapy provided during the transplant recipient's *hospital inpatient* confinement or *outpatient* visit(s); cadaveric and live donor organ procurement.

Follow-up Care: Includes all transplant-related eligible expenses; home health care services; home infusion services; and transplant-related outpatient services rendered within 180 days from the date of the transplant event.

For the purposes of this section, the following will be considered to be one transplant occurrence:

- Heart;
- Lung;
- Simultaneous Pancreas Kidney (SPK);
- Pancreas;
- Kidney;
- Liver;
- Intestine;
- Bone Marrow/Stem Cell transplant;
- Multiple organs replaced during one transplant surgery;
- Tandem transplants (Stem Cell);
- Sequential transplants;
- Re-transplant of same organ type within 180 days of the first transplant; or

- Any other single organ transplant, unless otherwise excluded under this plan.

The following will be considered to be more than one transplant occurrence:

- Autologous Blood/Bone Marrow transplant followed by Allogenic Blood/Bone Marrow transplant (when not part of a tandem transplant);
- Allogenic Blood/Bone Marrow transplant followed by an Autologous Blood/Bone Marrow transplant (when not part of a tandem transplant);
- Re-transplant after 180 days of the first transplant;
- Pancreas transplant following a kidney transplant;
- A transplant necessitated by an additional organ failure during the original transplant surgery/process; or
- More than one transplant when not performed as part of a planned tandem or sequential transplant (e.g., a liver transplant with subsequent heart transplant).

Travel and Lodging Expenses

If treatment of, or services for, a covered transplant is performed in a facility that has been designated as a Blues Distinction Center and the facility is more than 100 miles from the transplant recipient's residence, expenses related to travel and lodging for the transplant recipient and one companion will be considered eligible expenses, not to exceed \$10,000 for anyone transplant or procedure type, including tandem transplants. This is a combined maximum for the transplant recipient, companion, and donor. Travel is reimbursed between the transplant recipient's home and the facility for round trip (air, train or bus) transportation costs (coach class only). If traveling by auto to the facility, mileage, parking and toll costs are reimbursed. Mileage will be reimbursed according to the Internal Revenue Service (IRS) mileage rate at the time of service. Reimbursement of expenses incurred by the transplant recipient and companion for hotel lodging away from home is reimbursed at a rate of \$50 per night per person (or \$100 per night total). No benefits will be payable for travel and lodging expenses if services are provided by a facility not specified as a Blues Distinction Center facility (even if the facility is considered a network facility for other types of treatment or service).

NOTE: Transplant-related services do not include charges for:

- outpatient drugs, including bio-medicals and immunosuppressants not expressly related to an outpatient transplant occurrence;
- treatment or service furnished to a donor when the recipient is not a covered person under this plan.
- home infusion therapy after the transplant occurrence;
- harvesting or storage of organs, without the expectation of immediate transplantation for an existing illness;
- harvesting and/or storage of bone marrow, tissue or stem cells without the expectation of transplantation within 12 months for an existing illness;
- cornea (corneal graft with amniotic membrane) or cartilage (autologous chondrocyte or autologous osteochondral mosaicplasty) transplants.

All other provisions of the Plan remain the same.

This Agreement has been executed this 19 day of MAY, 20 23

Enloe Medical Center

BY: 
Authorized Employer Representative

WITNESS: 