

## INTERLINK Sample Benefit Language

### Organ And Marrow Transplant Benefits

#### **TRANSPLANT PERFORMANCE NETWORK:**

To view the current list of eligible providers within this network, please visit

<http://www.interlinkhealth.com/transplantelite>

#### **INTERLINK Exclusive Provider Organization (EPO) Network Benefits**

The Plan offers transplant benefits to eligible candidates through INTERLINK Health Services' ("INTERLINK") PerformanceELITE EPO network. Reimbursement to PerformanceELITE Providers for Approved PerformanceELITE Expenses will be paid at 100% of the INTERLINK contracted rate for all phases of care, which includes hospital, professional and organ/marrow charges. Copayments, deductibles and other Covered Person responsibilities still apply.

**COVERED TRANSPLANTS** include solid organs (heart, lung, liver, pancreas, kidney, multi-visceral/small bowel, or any combination thereof as a multi-organ transplant), bone marrow, stem cell, **CAR-T** and islet transplants.

#### **EMERGENCY TRANSPLANT CARE AT NON-INTERLINK PerformanceELITE Providers.**

Coverage for unplanned and unscheduled emergency transplantation ("Emergency Transplant") is a benefit included in the Plan, to be paid according to the contract terms negotiated by INTERLINK and agreed to by Plan, or Plan's agent, and Provider; however, if payment terms cannot be agreed upon within 14 days of the emergency transplant, then the transplant shall be paid at **125% of the Medicare Allowable**.

#### **MEDICAL HARDSHIP PROPOSED TRANSPLANT CARE: NON-EPO TRANSPLANT EXCEPTION PROCESS**

The Plan may approve non-PerformanceELITE transplant care for documented Medical Hardship cases, to be paid according to the contract terms negotiated by INTERLINK and agreed to by Plan, or Plan's agent, and Provider; however, if payment terms cannot be agreed upon within 14 days of Provider's billing proposal to Plan, then payment shall be paid at **125% of the Medicare Allowable**.

### COVERAGE FOR ORGAN AND/OR TISSUE TRANSPLANTS

#### **Pre-Authorization Requirement for Organ Transplant\***

See Pre-Treatment Review section.

#### **Organ Transplant Network**

To be "in-network" for transplant procedures, the facility must be a licensed healthcare facility and transplant program that has met INTERLINK's Quality Assurance Program standards for participation and been declared a PerformanceELITE program by INTERLINK Health Services' Quality Assurance Committee.

#### **Transplant Benefit Period**

Covered Expenses will accumulate during a Transplant Benefit Period. The term "Transplant Benefit Period" means the period that begins on the date of the initial evaluation and ends on the date, which is twelve (12) consecutive months following the date of the transplant. (If the transplant is a bone marrow transplant, the date the marrow is reinfused is considered the date of the transplant).

### **Approved PerformanceELITE Expenses**

Approved PerformanceELITE Expenses include the reasonable and customary expenses for services and supplies which are covered under this Plan (or which are specifically identified as covered only under this provision) and which are medically necessary and appropriate to the transplant, including:

Commented [ET1]: Will require references for any general covered expense provisions.

- 1) Charges incurred in the evaluation, screening, and candidacy determination process;
- 2) Charges incurred for organ transplantation;
- 3) Charges for organ procurement, including donor expenses not covered under the donor's plan of benefits.
  - a) Coverage for organ procurement from a non-living donor will be provided for costs involved in removing, preserving and transporting the organ;
  - b) Charges for organ procurement for a living donor will be provided for the costs involved in screening the potential donor, transporting the donor to and from the site of the transplant, as well as for medical expenses associated with removal of the donated organ and the medical services provided to the donor in the interim and for follow up care;
  - c) If the transplant procedure is a hematopoietic stem cell transplant, coverage will be provided for the cost of the acquisition of stem cells. This may be either peripherally or via bone marrow aspiration as clinically indicated, and is applicable to both the patient as the source (autologous) and related or unrelated donor as the source (allogeneic). Coverage will also be provided for search charges to identify an unrelated match, treatment and storage costs of the stem cells, up to the time of reinfusion. (The harvesting of the stem cells need not be performed within the transplant benefit period);
- 4) Charges incurred for follow up care, including immuno-suppressant therapy; and
- 5) Charges for transportation to and from the site of the covered organ transplant procedure for the recipient and one other individual, or in the event that the recipient or the donor is a minor, two (2) other individuals. In addition, all reasonable and necessary lodging and meal expenses incurred during the transplant benefit period will be covered up to a maximum of \$10,000 per transplant period.

### **Re-Transplantation**

Re-transplantation will be covered up to two re-transplants, for a total of three transplants per Covered Person.

### **Donor Expenses**

Medical expenses of the donor will be considered Approved PerformanceELITE Expenses to the extent that they are not covered elsewhere under this Plan or any other benefit plan covering the donor. In addition, medical expense benefits for a donor who is not a Covered Person under this Plan are limited to a maximum of \$10,000 per transplant benefit period when the transplant services are provided out of network. This does not include the donor's transportation and lodging expenses.