

# Carrum Health Benefit

Teammates and dependents (18+) enrolled in the BlueCross BlueShield medical plan have access to the Carrum Health Benefit, which provides enhanced coverage for certain planned procedures at participating Centers of Excellence. Through the Carrum Health Benefit, participants have access to specialized providers and facilities selected for their expertise in certain high-risk or high-cost procedures.

Subject to limited exceptions described below, the BlueCross BlueShield medical plan only provides coverage for the following procedures if they are provided through the Carrum Health Benefit:

- Total, partial, and revision hip and knee replacement surgery
- Spinal fusion surgery
- Bariatric (weight loss) surgery

Participants may also use the Carrum Health Benefit for other procedures or conditions, including:

- Other orthopedic (e.g., hand, wrist, elbow, shoulder, ankle, foot) and spine procedures (i.e., other than spinal fusion)
- Cardiac (heart) surgery
- Cancer, including:
  - Virtual guidance and ongoing support for all cancer diagnoses
  - Comprehensive treatment for breast and thyroid cancer\*
  - CAR (chimeric antigen receptor)-T cell therapy\*

*\*Restrictions may apply*

This section describes the Carrum Health Benefit, including important conditions and restrictions. The Summary of Benefits Coverage table below summarizes coverage of the medical services available through the Carrum Health Benefit. As shown below, certain eligible services performed through the Carrum Health Benefit are covered at 100%, meaning there is no out-of-pocket spend for the participant such as copays or coinsurance, except that a participant in an HSA-eligible plan must meet the IRS annual deductible.

## HDHP A Summary of Benefits Coverage

	Carrum Health Benefit	In-Network	Out-of-Network
Hip and knee replacement	100% covered; No Deductible*	No coverage**	No coverage**
Spinal fusion surgery	100% covered; No Deductible*	No coverage**	No coverage**
Bariatric (weight loss) surgery	100% covered; No Deductible*	No coverage**	No coverage**
Other orthopedic procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cardiac (heart) surgery	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cancer guidance	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cancer treatment (e.g., chemotherapy, radiation, surgery, CAR-T cell therapy)	Participants may also use the Carrum Health Benefit for other procedures or conditions, including: <ul style="list-style-type: none"> <li>• Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)</li> <li>• Cardiac (heart) surgery</li> <li>• Cancer, including:               <ul style="list-style-type: none"> <li>○ Virtual guidance and ongoing support for all cancer diagnoses</li> <li>○ Comprehensive treatment for breast and thyroid cancer*</li> <li>○ CAR (chimeric antigen receptor)-T cell therapy*</li> </ul> </li> </ul> <i>*Restrictions may apply</i>		

\* Due to federal tax law, participants in HSA-eligible plans must meet the IRS annual deductible before 100% coverage can be provided.

\*\*See the below text under Coverage and Exceptions for Hip and Knee Replacement, Spinal Fusion Surgery, and Bariatric (Weight Loss) Surgery for circumstances where coverage is available outside the Carrum Health Benefit.

## HDHP B Summary of Benefits Coverage

	Carrum Health Benefit	In-Network	Out-of-Network
Hip and knee replacement	100% covered; No Deductible*	No coverage**	No coverage**
Spinal fusion surgery	100% covered; No Deductible*	No coverage**	No coverage**
Bariatric (weight loss) surgery	100% covered; No Deductible*	No coverage**	No coverage**
Other orthopedic procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)	100% covered; No Deductible*	Deductible	70% covered after Deductible is met
Cardiac (heart) surgery	100% covered; No Deductible*	Deductible	70% covered after Deductible is met
Cancer guidance	100% covered; No Deductible*	Deductible	70% covered after Deductible is met
Cancer treatment (e.g., chemotherapy, radiation, surgery, CAR-T cell therapy)	<p>Participants may also use the Carrum Health Benefit for other procedures or conditions, including:</p> <ul style="list-style-type: none"> <li>• Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)</li> <li>• Cardiac (heart) surgery</li> <li>• Cancer, including: <ul style="list-style-type: none"> <li>○ Virtual guidance and ongoing support for all cancer diagnoses</li> <li>○ Comprehensive treatment for breast and thyroid cancer*</li> <li>○ CAR (chimeric antigen receptor)-T cell therapy*</li> </ul> </li> </ul> <p><i>*Restrictions may apply</i></p>		

\* Due to federal tax law, participants in HSA-eligible plans must meet the IRS annual deductible before 100% coverage can be provided.

\*\*See the below text under Coverage and Exceptions for Hip and Knee Replacement, Spinal Fusion Surgery, and Bariatric (Weight Loss) Surgery for circumstances where coverage is available outside the Carrum Health Benefit.

## PPO Summary of Benefits Coverage

	Carrum Health Benefit	In-Network	Out-of-Network
Hip and knee replacement	100% covered; No Deductible	No coverage*	No coverage*
Spinal fusion surgery	100% covered; No Deductible	No coverage*	No coverage*
Bariatric (weight loss) surgery	100% covered; No Deductible	No coverage*	No coverage*
Other orthopedic procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)	100% covered; No Deductible	80% covered after Deductible is met	50% covered after Deductible is met
Cardiac (heart) surgery	100% covered; No Deductible	80% covered after Deductible is met	50% covered after Deductible is met
Cancer guidance	100% covered; No Deductible	80% covered after Deductible is met	50% covered after Deductible is met
Cancer treatment (e.g., chemotherapy, radiation, surgery, CAR-T cell therapy)	<p>Participants may also use the Carrum Health Benefit for other procedures or conditions, including:</p> <ul style="list-style-type: none"> <li>• Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)</li> <li>• Cardiac (heart) surgery</li> <li>• Cancer, including: <ul style="list-style-type: none"> <li>○ Virtual guidance and ongoing support for all cancer diagnoses</li> <li>○ Comprehensive treatment for breast and thyroid cancer*</li> <li>○ CAR (chimeric antigen receptor)-T cell therapy*</li> </ul> </li> </ul> <p><i>*Restrictions may apply</i></p>		

\*See the below text under Coverage and Exceptions for Hip and Knee Replacement, Spinal Fusion Surgery, and Bariatric (Weight Loss) Surgery for circumstances where coverage is available outside the Carrum Health Benefit.

## About Carrum Health

Carrum Health provides access to hospitals and surgeons for planned medical care and coordinates the delivery of care with travel, communication and other non-medical aspects of the program. Carrum Health itself does not render any medical care or advice, and does not recommend any particular medical providers or course of treatment.

To learn more about the program or determine eligibility for the Carrum Health Benefit, please contact Carrum Health at 1-888-855-7806, Monday-Friday 9am-8pm EST, or visit [carrum.me/wellsky](http://carrum.me/wellsky). The 'Carrum Health' app is available to download on both iPhone and Android devices.

## How It Works

Teammates and covered dependents (18+) enrolled in a BlueCross BlueShield medical plan can contact Carrum Health at 1-888-855-7806, Monday-Friday 9am-8pm EST, online at [carrum.me/wellsky](http://carrum.me/wellsky), or by downloading the 'Carrum Health' app on iPhone and Android devices to search for and compare participating hospitals and physicians.

After contacting Carrum Health, a participant is assigned a Care Specialist to determine if the participant is eligible for the Carrum Health Benefit and provide non-medical coordination throughout the entire episode of care. Care Specialist services can include assistance with hospital and physician selection, medical records collection, appointment scheduling, and travel reservations and logistics management.

Participants must agree to provide their medical records and any other relevant information to their selected hospital and physicians in order to facilitate a consultative evaluation to determine if the procedure is appropriate and medically necessary. Medical records and images are collected on behalf of participants by their assigned Care Specialists. Receiving this evaluation does not commit a participant to proceed with the procedure or to use the Carrum Health Benefit.

## Covered Expenses

**Medical costs:** The Carrum Health Benefit covers all medical costs charged by the Center of Excellence that are related to the covered procedure with no copay, deductible, or coinsurance (except those enrolled in an HSA-eligible plan will still be subject to the IRS annual deductible).

**Travel costs:** In addition, the following expenses incurred for transportation, lodging, meals, and incidentals are covered for the participant and one adult companion as long as travel arrangements are scheduled and reserved through Carrum Health. The daily allowance will be paid to the participant prior to travel to the Center of Excellence location, and is to be used at the discretion of the participant and companion. Per IRS rules, travel expenses will be reported as taxable income.

- Participants traveling for inpatient (overnight stay) surgeries that live within 60 miles of the Center of Excellence where the procedure is to be performed, or for outpatient (same day) surgeries, will receive a stipend to cover gas, parking, and meals.
- Participants that travel over 60 miles for any inpatient surgery or for outpatient total joint replacement/spine surgery will receive the full travel coverage, which includes:
  - The main mode of round-trip transportation, e.g. flight or rental car, for the participant and one adult companion between the participant's home location and the location of the Center of Excellence where the procedure is to be performed,
  - Hotel accommodations near the Center of Excellence, limited to one room with two queen beds, to be shared by the participant and one adult companion, and

- A daily allowance for the participant and companion intended to cover meals, incidentals, and all other out-of-pocket expenses related to the procedure. The daily allowance for the participant will be provided for days before and after, but not during, the inpatient stay.
- If an in-person consultation is required by the Center of Excellence physician, a round trip solely for the participant will be arranged and covered.

## Coverage Limitations and Disclosures

- A Center of Excellence may decline to treat a participant as it determines in its discretion, including for failure to:
  - identify a designated adult companion who is willing and able to meet caregiver requirements;
  - be safe to travel to the Center of Excellence for medical care and not requiring emergency care at the time of travel;
  - follow preoperative and postoperative instructions;
  - provide all required medical history, labs, and diagnostic tests;
  - make lifestyle changes required by the Center of Excellence as a condition of obtaining the covered procedure (e.g., stop smoking or lose weight); or
  - refrain from committing an act of physical or verbal abuse or other threatening behavior to the staff of the Center of Excellence.
- To receive coverage under the Carrum Health Benefit, services MUST be scheduled and authorized by Carrum Health. If the participant does not use the Carrum Health Benefit, their care will be covered as outlined in the Summary of Benefits Coverage table above under “In-Network” and “Out-of-Network”, as applicable.
- Although a procedure may be provided through the Carrum Health Benefit, it is only covered under the Plan as long as it is deemed to be medically necessary and not otherwise excluded under the terms of the Plan. In order to receive coverage under the Carrum Health Benefit, a Center of Excellence must determine that the covered procedure is medically necessary.
- If the participant changes plans after travel arrangements have been made to receive a covered procedure at a Center of Excellence, the participant will still be responsible for any standard Plan cost-sharing and travel costs applicable to services received prior to the change in plans.
- Emergency or lifesaving medical services that occur as the result of the planned procedures under the Carrum Health Benefit are not covered under the Carrum Health Benefit and are subject to the coverage limits, cost-sharing, and other terms of the Plan.
- Certain examinations, tests, or other medical services may be required before or after the participant visits the chosen Center of Excellence under the Carrum Health Benefit. Any medical services not performed by a participating Center of Excellence facility or physician, including necessary pre-and post-acute care, are not covered under the Carrum Health Benefit and are subject to the coverage limits, cost-sharing, and other terms of the Plan.
- The Carrum Health Benefit applies toward any benefit maximums on the covered procedures under the Plan. Any cost-sharing paid by the participant will count towards the Plan’s annual deductible and out-of-pocket maximum.
- Carrum Health will provide appropriate documentation for any non-medical benefits paid under the program, which may be subject to taxation as income to the participant – in particular, the allowance paid for meals and incidentals.
- Coverage under the Carrum Health Benefit may be denied by Carrum Health if:
  - The participant does not provide a local provider recommendation or any other documentation required to approve a referral to a Center of Excellence;
  - One Center of Excellence has declined to treat the participant due to a medical condition that will not change;

- A patient is referred first to an outpatient facility or ambulatory surgical center (ASC) and denied treatment of care because their condition was too complex, they should seek an additional consult at an acute care Center of Excellence or hospital. If the second COE still cannot treat this member, then the member is denied from the Carrum program; or
- The participant commits an act of physical or verbal abuse or other threatening behavior to the staff of Carrum Health or a Center of Excellence.
- If coverage under the Carrum Health Benefit is denied by Carrum Health, the participant may (1) appeal the denial in accordance with the Claims and Appeals section of the Summary Plan Description and/or (2) request an exception to the requirement to use the Carrum Health Benefit and instead receive coverage for services subject to standard cost-sharing, limitations, and exclusions.
- If the Plan would pay secondary in accordance with its coordination of benefits provisions, such secondary coverage will be determined in accordance with the standard terms and cost-sharing provisions and not under this Carrum Health Benefit.

## Coverage and Exceptions for Hip and Knee Replacement, Spinal Fusion Surgery, and Bariatric (Weight Loss) Surgery

- Unless an exception applies as described below, the Plan only provides coverage for hip and knee replacement, spinal fusion surgery, and bariatric (weight loss) surgery if the participant receives such treatment through the Carrum Health Benefit. If treatment is not received through the Carrum Health Benefit and no exception has been granted, the participant will be responsible for the entire cost of their treatment.
- Requests for exceptions to using Carrum Health: Participants may request an exception to the requirement that they use the Carrum Health Benefit. If an exception is granted, treatment that was not authorized by Carrum Health may be covered under the Plan subject to standard Plan prior authorization, cost-sharing, and other provisions.
- Participants will be granted an exception for any of the following reasons:
  - Their surgery was authorized by the Plan before the requirement to use the Carrum Health Benefit went into effect.
  - If they live more than 60 miles from the nearest Carrum Health Center of Excellence and travel to the nearest Carrum Health Center of Excellence would be medically unsafe or physically impossible.
  - If they live more than 150 miles from the nearest Carrum Health Center of Excellence and travel to the nearest Carrum Health Center of Excellence would result in unreasonable disruption to their caregiver obligations.
  - Moving a scheduled surgery would cause undue and severe financial hardship, such as:
    - Inability to work or loss of hours due to the condition that the surgery is intended to fix. For example, a participant might not be able to work because of severe pain.
    - Loss of insurance prior to the earliest schedulable surgery date (i.e., a COBRA participant may lose insurance prior to a Center of Excellence's earliest surgery date).
    - Disability leave cannot be moved to accommodate rescheduled surgery.
  - If they disagree with a Carrum Health Center of Excellence's determination that the procedure is not medically necessary or recommendation for conservative therapy and want to have surgery with a local provider covered under the BlueCross BlueShield medical plan's standard cost-sharing provisions.
  - If they live more than 150 miles from the nearest Carrum Health Center of Excellence and do not have access to an adult travel companion who can safely travel with them to any Carrum Health Center of Excellence.
  - No COEs would currently accept a referral based upon the member's existing medical conditions (i.e., active cancer, pregnancy, congestive heart failure).

- Surgery was performed in an emergency and required a post-service exception.
- Member previously underwent bariatric surgery & is seeking a revision. Member's case is evaluated by a Carrum COE & necessity is confirmed, however, Carrum surgeon determines it is safer for the patient to have the procedure done locally.
- Please note: An exception is not available due solely to the Carrum Health Center of Excellence's decision to not move forward with surgery due to the participant's failure or refusal to comply with instructions and requirements as specified by the Center of Excellence. However, if the Center of Excellence declined to treat, or recommended conservative treatment, based on the participant's failure to make a lifestyle change, the participant may apply for an exception.
- Process for requesting an exception to using the Carrum Health Benefit: To request an exception, a participant must complete the Exception Initiation Form and send it, along with the required supporting documentation listed in the Exception Initiation Form, to Carrum Health. A participant may request an Exception Initiation Form by contacting Carrum Health at 1-888-855-7806. Please complete the form and submit it via fax to Carrum Health at 650-539-0777, via the Carrum app, or via secure email or U.S. mail. Your Care Specialist, who can be reached at 1-888-855-7806, can walk you through the process of submitting the Exception Initiation Form via the app, secure email, or U.S. mail.
  - Carrum Health will review the Exception Initiation Form to determine whether the submitted information and documentation meets the criteria to grant an exception.
  - Depending on whether the participant has already received treatment when they make their exception request, it will be treated as either a pre-service claim or post-service claim, as described in *Article Seven: Claims Procedures* section of the *WellSky Health and Welfare Plan Document*.
  - If the participant's exception request is granted, coverage of the treatment will be subject to the standard Plan terms, including any deductibles, coinsurance, or limitations, and the participant must comply with the Plan's standard protocols for authorizing and receiving care including utilization management. The exception request is not a request for prior authorization for coverage of the treatment under the Plan. The participant may still need to receive prior authorization under the Plan for the desired procedure after their exception is granted. If the exception request is denied, no benefits will be payable for services performed outside the Carrum Health Benefit, as outlined earlier. Participants can file an appeal with WellSky Corporation if they are denied an exception, as described in *Article Seven: Claims Procedures* section of the *WellSky Health and Welfare Plan Document*.