

Carrum Health Benefit

Participants in the 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, referred to as “Centers of Excellence”.

Subject to limited exceptions described below, the Plan only provides coverage for the following procedures if they are provided by a Center of Excellence through the Carrum Health Benefit:

- Surgery
 - Total and partial, major joint replacement surgery (e.g., **knee and hip**) (requirement excludes revisions)
 - Spinal (back and neck) surgery (e.g. fusion)
 - Bariatric (weight loss) surgery (requirement excludes revisions)

Participants may, but are not required to, use the Carrum Health Benefit for the following procedures or conditions:

- Surgery
 - Total, partial, and revision major joint replacement surgery (e.g., **shoulder, ankle**) and revisions for knee and hip
 - Spinal (back and neck) surgery (other than fusion)
 - Bariatric revisions
 - Minor orthopedic procedures (e.g., surgeries of the hand, wrist, elbow, shoulder, ankle, foot) other than major joint replacements*
 - Cardiac (heart) surgery (e.g., bypass, valve repair and replacement)
 - Gynecologic surgery (e.g., hysterectomy)
- Substance Use Disorder treatment (e.g., alcohol, opioids, stimulants, cannabis, sedatives, hypnotics, and anxiolytics)
 - Detox
 - Residential treatment
 - Partial hospitalization (PHP)
 - Intensive outpatient (IOP)
 - Outpatient including virtual
- Cancer care
 - Advisory Program (virtual second opinions / expert reviews and support)
 - Treatment (e.g., excision surgery, chemotherapy, radiation treatment, supportive care such as psychosocial, nutrition and family support; excludes CAR T-cell therapy for certain hematologic cancers)**

* Only available for participants who reside within 150 miles of the nearest COE

** Some treatment may only be available for participants who reside within 150 miles of the nearest COE; please contact Carrum Health to learn more

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 their Federal Minimum deductible.

Summary of Benefits Coverage - CPOSII

	Carrum Health Benefit	In-Network	Out-of-Network
SURGERY			
Major joint replacement Hip and Knee only (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Spinal fusion surgery	100% covered; No Deductible*	Not covered**	Not covered**
Bariatric surgery (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Major joint replacement/ revisions shoulder and ankle, revisions only knee and hip	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Bariatric (revision)	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Minor orthopedic	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cardiac	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Gynecologic	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
NON-SURGICAL PROCEDURES			
Substance Use Disorder	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cancer care	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met

Summary of Benefits Coverage – HDHP A

	Carrum Health Benefit	In-Network	Out-of-Network
SURGERY			
Major joint replacement Hip and Knee only (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Spinal fusion surgery	100% covered; No Deductible*	Not covered**	Not covered**
Bariatric surgery (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Major joint replacement/ revisions shoulder and ankle, revisions only knee and hip	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Bariatric (revision)	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Minor orthopedic	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cardiac	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Gynecologic	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
NON-SURGICAL PROCEDURES			
Substance Use Disorder	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met
Cancer care	100% covered; No Deductible*	80% covered after Deductible is met	50% covered after Deductible is met

Summary of Benefits Coverage – HDHP B

	Carrum Health Benefit	In-Network	Out-of-Network
SURGERY			
Major joint replacement Hip and Knee only (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Spinal fusion surgery	100% covered; No Deductible*	Not covered**	Not covered**
Bariatric surgery (excludes revision)	100% covered; No Deductible*	Not covered**	Not covered**
Major joint replacement/revisions shoulder and ankle, revisions only knee and hip	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met
Bariatric (revision)	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met
Minor orthopedic	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met
Cardiac	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met
Gynecologic	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met
NON-SURGICAL PROCEDURES			
Substance Use Disorder	100% covered; No Deductible*	X% covered after Deductible is met	X% covered after Deductible is met
Cancer care	100% covered; No Deductible*	100% covered after Deductible is met	70% covered after Deductible is met

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

** See the section below titled **Coverage and Exceptions for Hip and Knee Replacement Surgery, Spinal Fusion Surgery, and Bariatric Surgery** for details regarding when coverage under the Plan is available without using the Carrum Health Benefit.

About Carrum Health

Carrum Health provides access to Centers of Excellence 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 Carrum Health Benefit or request a consultation with a Center of Excellence, please contact Carrum Health at 1-888-855-7806, Monday-Friday 9am-8pm EST, or visit carrum.me/wellsky. The 'Carrum Health' app is available to download on both iPhone and Android devices.

How It Works

Plan participants can contact Carrum Health at 1-888-855-7806, Monday-Friday 9am-8pm EST, online at carrum.me/wellsky, or by downloading the 'Carrum Health' app on iPhone and Android devices to search for and compare participating Centers of Excellence.

After contacting Carrum Health, a participant is assigned a Care Specialist to determine if the participant may be referred to a Center of Excellence and provide non-medical coordination throughout the entire episode of care. Care Specialist services can include assistance with selection of a Center of Excellence, medical records collection, appointment scheduling, and travel reservations and logistics management. The Care Specialist can also assist the participant with registration for the Carrum Health Benefit through the Carrum Health app and completion of required forms.

Participants are required to agree to Carrum Health's Terms of Service and Member Registration Agreement and must also agree to provide their medical records and any other relevant information to their selected Center of Excellence as needed to schedule a consultation. Medical records and images may be collected on behalf of participants by their assigned Care Specialists. During the consultation, the Center of Excellence will determine if the participant is an appropriate candidate for the requested procedure. Receiving this consultation does not commit a participant to proceed with the procedure or to use the Carrum Health Benefit.

Covered Expenses

Medical

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 Federal Minimum Deductible).

Cancer Care

Cancer care covered through the Carrum Health Benefit includes:

- Cancer Advisory Program and ongoing support for all cancer diagnoses
- Treatment for cancer provided by Center of Excellence including:
 - Bone
 - Breast
 - Colorectal
 - Endocrine
 - Esophageal

- o Gynecologic
 - o Head & Neck
 - o Hematologic
 - o Kidney
 - o Liver
 - o Lung
 - o Neurologic
 - o Prostate
 - o Melanoma (skin)
 - o Other cancers
- CAR (chimeric antigen receptor) T-cell therapy for specific hematologic cancers

Travel

The Carrum Health Benefit covers the cost of travel to the Center of Excellence, including transportation, lodging, meals and incidentals, depending on the distance of the participant from the Center of Excellence and the type of procedure requested. Please contact your Care Specialist or Carrum Health at 1-888-855-7806 or via the Carrum Health app for details regarding what travel benefits may be available with respect to your requested treatment.

For transportation and lodging to be covered under the Carrum Health Benefit, it must be booked by Carrum Health's Patient Care Team. Generally, the Patient Care Team will book travel on behalf of the participant for:

- Roundtrip transportation for an in-person consultation with a Center of Excellence, to the extent requested by the Center of Excellence, for the participant only
- Roundtrip transportation and hotel stay to receive the procedure at a Center of Excellence, for the participant and adult travel companion

Any stipend for meals and incidentals is provided via PayPal or prepaid Mastercard.

A participant will receive a Form 1099 reflecting any taxable travel benefits, such as lodging costs over federal tax limits and daily stipends.

Coverage Limitations and Disclosures

- To receive coverage under the Carrum Health Benefit, a Center of Excellence must determine that it will provide the requested procedure to the participant. A Center of Excellence may decline to treat a participant as it determines in its discretion, including, but not limited to, for failure to:
 1. identify a designated adult companion who is willing and able to meet caregiver requirements;
 2. be safe to travel to the Center of Excellence for medical care and not requiring emergency care at the time of travel;
 3. follow preoperative and postoperative instructions;
 4. provide all required medical history, labs, and diagnostic tests;
 5. 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
 6. 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.
- Emergency medical services that are rendered by a Center of Excellence 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 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, such as the allowance paid for meals and incidentals.
- Coverage under the Carrum Health Benefit may be denied by Carrum Health if:
 1. The participant refuses to complete documentation required to participate in the Carrum Health Benefit, including the Terms of Service and Member Registration Agreement;
 2. A participant requests to be referred to another Center of Excellence after the initial Center of Excellence has determined the participant is not an appropriate candidate for the requested treatment. Note this does not apply when the initial referral is to an outpatient facility or ambulatory surgical center (ASC) that cannot treat the participant because their condition is too complex, in which case the participant may be referred to an acute care Center of Excellence. This also does not apply when the consulting COE agrees treatment is necessary, however there are medically related circumstances prohibiting the member from utilizing the initial COE. In this case the participant may be referred to one alternative Center of Excellence;
 3. The treatment is being sought to satisfy a court order;
 4. The participant violates the Carrum Health Terms of Service or Member Registration Agreement; or
 5. The participant is on probation and does not provide written approval from their probation officer that they are allowed to travel for treatment.
- If the Plan would pay secondary in accordance with its coordination of benefits provisions, such secondary coverage will be determined in accordance with the Plan’s standard terms and cost-sharing provisions and not under this Carrum Health Benefit.

Coverage and Exceptions for Hip and Knee Replacement Surgery, Spinal Fusion Surgery, and Bariatric Surgery

- Unless an exception has been approved as described below, the Plan only provides coverage for hip and knee replacement surgery, spinal surgery, and bariatric surgery if the participant receives such treatment through the Carrum Health Benefit using a Center of Excellence. If treatment is not received through the Carrum Health Benefit and no exception has been approved, the participant will be responsible for the entire cost of their treatment.

- Participants may request an exception to the requirement that they use the Carrum Health Benefit. If an exception is approved, treatment may be covered in accordance with the terms of the Plan, which may include prior authorization requirements, cost-sharing, and other conditions and exclusions.
- An exception will be approved for any of the following reasons:
 - Urgent Surgery: As stated on a doctor's note on official letterhead, either (i) the participant already received surgery due to a medical emergency, with details of the surgery and the nature of the medical emergency, or (ii) the participant has an urgent need for surgery, detailing the reason for the urgency, and confirmation that the scheduled date of surgery and the actual date of surgery shall occur within a period not to exceed 15 calendar days of one another.
 - Medically Unsafe to Travel: The participant lives more than 60 miles from the nearest Center of Excellence and a doctor's note on official letterhead documents the participant's medical condition and the reason such medical condition makes travel medically unsafe or physically impossible. "Medically unsafe" means travel would result in (i) placing the participant's health in serious jeopardy, (ii) serious impairment to bodily functions, (iii) serious dysfunction of any bodily organ or part, or (iv) injury, and "physically impossible" means the individual has physical limitations that prevent travel to the nearest Center of Excellence.
 - Surgical Candidacy: As stated on a doctor's note on official letterhead, the reason the participant's doctor disagrees with the Center of Excellence's determination that the participant is not an appropriate candidate for surgery and why the doctor believes that the participant is an appropriate surgical candidate. The Center of Excellence's determination that the participant is not an appropriate surgical candidate may be made (i) after consultation with the participant or (ii) prior to consultation, based on the participant's failure to meet clinical criteria required by the Center of Excellence.
 - Severe Financial Hardship: The participant lives more than 150 miles from the nearest Center of Excellence and provides documentation showing the reason why having surgery at a Center of Excellence through the Carrum Health Benefit would cause severe financial hardship. Examples of financial hardship include: (i) inability to work or loss of hours due to the condition that the surgery is intended to fix without the ability to receive disability coverage, (ii) loss of insurance prior to earliest possible surgery date, or (iii) disability leave cannot be moved to accommodate a surgery date approved through the Carrum Health Benefit (iv) Existing obligations as a primary caregiver and travel to a Carrum COE would result in unreasonable disruption to caregiver obligations. "Unreasonable disruption" means having to hire a caregiver for 24hrs+ over and above caregiver needs if staying with a local surgeon, resulting in a severe financial hardship. An example of documentation could include, but is not limited to, providing documentation of disability leave approval, plus documentation (i.e., email communication) showing that such disability leave cannot be moved.
 - Inability to Secure Travel Companion (post consultation and established surgery date): The participant lives more than 150 miles from the nearest Center of Excellence and provides documentation showing a good faith effort to secure an adult travel companion, including documenting steps taken to find an adult travel companion, describing any roadblocks, and providing supporting materials.
 - Non-Required Surgery: The participant is redirected to Carrum Health for a non-required surgery and provides a doctor's note on official letterhead that provides a detailed description of the intended surgery.
- 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 approve 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 the Claims and Appeals section of this Summary Plan Description.
- If the participant's exception request is approved, 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 approved. 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 Carrum Health if they are denied an exception, as described in the Claims and Appeals section of this Summary Plan Description.