Suggested Plan Document Language for QBE Organ and Tissue Transplant Policyholders

Organ and Tissue Transplant Benefits

Covered individuals under this Plan may be eligible for transplant-related benefits through a separate Group Specified Disease Policy for Organ & Tissue Transplant (the "OT Policy"), underwritten and administered by QBE Insurance Corporation ("QBE"). The OT Policy provides benefits for certain organ and tissue transplants independently of the benefits available under this Plan.

Covered Transplant Types

The following transplant procedures are covered under the OT Policy:

- Heart, Lung, Liver, Kidney, Pancreas, Intestine
- Heart/Lung, Liver/Kidney, Kidney/Pancreas, Liver/Intestine, Pancreas/Intestine, Liver/Pancreas/Intestine
- Autologous Bone Marrow / Peripheral Stem Cell
- Allogeneic Bone Marrow / Peripheral Stem Cell (Related and Unrelated)
- Cord Blood

Notification and Pre-Authorization Requirements

Prior to any referral or services related to a transplant consultation or initial transplant evaluation, QBE Insurance Corporation must be notified that a Covered Transplant Procedure is being considered. Notification may be submitted by the Covered Person, the Policyholder, the Policyholder's Third Party Administrator, or the Covered Person's Physician.

Notification must occur before any transplant-related services are rendered, including evaluations or consultations.

Please contact QBE at:

Phone: 978-619-1560
Email: OrganTransplant.US-BOX@us.qbe.com

Upon notification, QBE will assign a transplant nurse navigator to the Covered Person. The nurse navigator will facilitate:

- Required pre-authorization of all transplant-related services

- Transplant coverage determinations
- Access to designated transplant facilities
- Ongoing support throughout the transplant benefit period

All Covered Transplant Services require prior approval through the assigned transplant nurse navigator. Failure to obtain required pre-authorization may result in denial of benefits.

QBE may authorize coverage for medically necessary services, supplies, or drugs that are otherwise excluded under the OT Policy. Such discretionary approvals are based on evolving standards of care or emerging technologies and do not establish precedent for future claims.

Designated Transplant Centers

All transplant procedures must be performed at a designated transplant center approved by QBE or this Plan. Use of non-designated facilities may result in reduced or denied benefits. Covered Persons are encouraged to confirm network status prior to scheduling services.

Exclusions for Experimental or Investigational Procedures

The OT Policy does not cover experimental or investigational transplant procedures, unless expressly included in the applicable policy documents. Coverage is limited to medically necessary procedures that meet established clinical guidelines.

Pre-Existing Condition Limitation

The OT Policy includes a pre-existing condition clause effective from the Policy's initial effective date (or, in the case of a renewal, the original effective date of the Policy). If a Covered Person is determined to have a pre-existing condition (as defined in the OT Policy), a waiting period must be satisfied before benefits become payable under the OT Policy.

The waiting period does not apply if:

- The individual does not have a pre-existing condition, or
- The individual is newly added to the Medical Plan after the OT Policy's effective date, unless added due to the Policyholder's acquisition of a new group, affiliation, division, or subsidiary.

If a transplant is performed during the pre-existing condition waiting period, all charges related to that transplant are excluded from coverage under the OT Policy.

Coordination of Benefits

The OT Policy includes its own Coordination of Benefits provisions, which apply when a Covered Person is also covered by other health insurance or benefit plans, including this Plan.

When the OT Policy is determined to be secondary, benefits may be reduced to ensure that the total combined payments from all sources do not exceed the lesser of:

- The actual Covered Charges, or
- The negotiated amount established between the primary insurer and the provider.

QBE may request or release information to coordinate benefits and may recover overpayments if the OT Policy pays more than its share. For full details, refer to the Coordination of Benefits section of the OT Policy.

Charges Not Covered by the OT Policy

Any transplant-related charges not covered under the OT Policy may be considered under the medical benefits of this Plan, including the Plan's organ transplant provisions. Please refer to the section titled **[Insert or Reference Plan Document Organ Transplant Benefits]** for further details.

Contact for Additional Information

For additional information, please contact your Plan Administrator or Employer Benefits Representative. This document does not replace, amend or otherwise affect the terms of the OT Policy. Actual coverage under the OT Policy is subject to the terms, conditions, limitations and exclusions of the OT Policy as issued. In the event of any inconsistency or conflict between the information contained herein regarding the OT Policy and the actual OT Policy, the actual OT Policy shall control.