

Humana Insurance of Puerto Rico, Inc.

383 Ave F D Roosevelt,
San Juan, Puerto Rico 00918-2131

Organ and Tissue Transplant Benefit Major Medical Coverage

**This endorsement applies as additional benefit of the Major Medical Coverage of the PPO Product selected by the group.
The endorsement should be attached and made part of your Humana PPO Policy.**

Group Name: Matosantos Commercial, Corp.

Group Number: XXXXX

Effective date of endorsement: 9-1-2021

It is understood and agreed that the terms and conditions of the Humana PPO Policy as currently in effect remain the same and the only purpose of this endorsement is to add **Organ and Tissue Transplant Benefit**. All other terms and conditions of the Humana Insurance policy currently in effect shall remain the same. The insured must have Major Medical Coverage for this endorsement to apply. Deductibles, maximum out of pocket (MOOP), copayments and coinsurances apply on this endorsement.

Benefits:

We will pay benefits for the expense of a Covered Organ Transplant as defined below, incurred by an insured for an organ transplant approved in advance by Humana, subject to those terms, conditions and limitations described below and contained in the group policy. Please contact the company's Transplant Management Department when in-need of these services.

Covered Organ Transplant means only the services, care, and treatment received for or in connection with the pre-approved transplant of the organs identified hereafter, which are determined by Humana to be medically necessary services and which are not experimental or investigational.

The covered organ transplant includes pre-transplant, transplant inclusive of any chemotherapy and associated services, post-discharge services, and treatment of complications after transplantation of the following organs or procedures only:

1. Heart;
2. Lung(s);
3. Heart-lung;
4. Corneal
5. Liver;
6. Kidney;
7. Bone Marrow;
8. Intestine;
9. Simultaneous pancreas/kidney;
10. Pancreas following kidney;
11. Any organ not listed above required by state or federal law.

The term bone marrow identified in the foregoing covered organ transplant definition refers to the transplant of human blood precursor cells which are administered to a patient following high dose, ablative or myelosuppressive chemotherapy. a) Such cells may be derived from bone marrow, circulating blood, or a combination of bone marrow and circulating blood obtained from the patient in an autologous transplant or from a matched related or unrelated donor or cord blood. b) If chemotherapy is an integral part of the treatment involving a covered organ transplant of bone marrow, the term bone marrow includes the harvesting, the transplantation and the chemotherapy components. c) Storage of cord blood and stem cells will not be covered unless as an integral part of a covered organ transplant of bone marrow approved by Humana.

For a covered organ transplant procedure to be considered totally approved, a written authorization by Humana is required.

- a. The insured or his/her physician must notify Humana in advance regarding the need for an evaluation to determine if the organ transplant will be covered. Within five working days of the receipt of this request, Humana will contact the insured and his/her physician to clarify transplant benefits available under the insurance, if any.
- b. If the product includes benefits of organ transplants, and once the insured has chosen the facility for transplant, Humana proceeds to approve a pre-transplant evaluation.
- c. The transplant facility proceeds with the evaluation of the candidate for transplant and must submit to Humana for review seven (7) specific points or articles evaluated.
- d. Humana then reviews the clinical results of the facility's evaluation, confirms eligibility, and proceeds to approval on the same day.
- e. For solid organ transplants, no medical review is necessary by Humana; bone marrow transplants do require a medical review for final determination.
- f. If the transplant is denied, the insured and the physician will receive oral and written explanations of their rights to appeal through the Complaints and Grievances system of Humana.

Covered Services

For approved covered Organ Transplants and all related complications, we will cover only the following expenses:

1. Hospital benefits shown under the Hospital benefit section will be paid at: (a) 100% of reasonable charges if received at a participating hospital designated by us as an approved transplant facility; and (b) 70% of reasonable charges if received at non-participating hospital.

Physician benefits shown under the Physician benefits section will be paid at (a) 100% of reasonable charges if received from a participating physician designated by us as an approved transplant provider; and (b) 70% of reasonable charges if received from a non-participating physician.

Any maximum out of pocket limits or deductibles in the group policy do not apply to the benefits shown in this section of the group policy. Any out of pocket expenses, including copayments, directly related to the benefit in this section of the group policy do not apply toward the maximum out of pocket expense limits or deductibles shown elsewhere in the group policy.

2. Organ acquisition and donor costs. (a) Except for Bone Marrow transplants, donor costs are not payable under the group policy if they are payable in whole or in part by any other group plan, insurance company, organization or person other than the donor's family or estate. (b) Coverage for Bone Marrow transplant procedures will include costs associated with donor-patient to the same extent and limitations associated with the insured, except the reasonable costs of searching for the donor may be limited to the immediate family members and the National Bone Marrow Donor Program.
3. Direct, non-medical costs* for the insured receiving the covered organ transplant will be paid for: (a) transportation to and from the hospital where the covered organ transplant is performed; and (b) temporary lodging at a prearranged location up to \$75.00 per day when requested by the hospital and approved by Humana.

Transportation costs for the insured to and from the hospital where the covered organ transplant is performed will be paid at: (a) 100% of the reasonable charges if the covered organ transplant is received at a participating hospital designated by Humana as an approved transplant facility; or, (b) 70% of reasonable charges if the covered organ transplant is received at a non-participating hospital.

Coverage of *non-medical cost will be available only if the insured will travel to the United States for transplant.

4. Direct, non-medical costs* for one member of the insured immediate family (two members if the patient is under age 18 years) will be paid for: (a) transportation to and from the approved facility where the covered organ transplant is performed; and (b) temporary lodging at a prearranged location during the insured confinement in a hospital, not to exceed \$75 per day.

Transportation costs for the insured immediate family member(s) to and from the hospital where the covered organ transplant is received.

Coverage of non-medical* will be available only if an immediate family member(s) accompanies the patient to the United States for a transplant.

*All direct, non-medical expenses for the insured receiving the covered organ transplant and his/her family member(s) are limited to a combined maximum coverage of \$10,000 per covered organ transplant.

Exclusions:

No benefit is payable for or in connection with a covered organ transplant if:

1. We are not contacted for authorization prior to referral for evaluation of the covered organ transplant, unless such authorization is waived by Humana.
2. We do not approve coverage for the covered organ transplant if not meet the requirements under the "Organ and Tissue Transplant" section.
3. Expenses are eligible to be paid under any private or public research fund, government program except Medicaid, or another funding program, whether or not such funding was applied for or received.
4. The expense related to the transplantation of any non-human organ or tissue, unless otherwise stated in the group policy.

5. The expense related to the donation or acquisition of an organ for a recipient who is not covered by Humana.
6. A denied transplant is performed; this includes the pre-transplant evaluation, the transplant procedure, follow up care, immunosuppressive drugs, and complications of such transplant.
7. The insured for whom a covered organ transplant is requested has not met pre-transplant criteria as established by Humana.

Once the covered organ transplant is approved, we will advise the insured's physician. Benefits are payable only if the pre-transplant services, the covered organ transplant and post-discharge services are approved by Humana.

Signed by the President or an authorized officer at the Home Office in San Juan, Puerto Rico.



Luis A. Torres Olivera, Esq.
President