

Group Organ Transplant Insurance

A Specified Disease Policy for Self-Funded Groups

Frequently Asked Questions

Benefits:

What is organ transplant insurance?

Transplant insurance is a fully insured, stand alone policy which covers transplant expenses. There are no out of pocket cost or deductible to the employee for in-network transplant claims.

Are there in and out-of-network benefits?

In-network benefits are 100% for covered transplant services with no co-pays, deductibles or out of pocket expenses. Out-of-network benefits are 80% of charges for covered transplant services up to a maximum schedule per transplant type (see policy for specific caps).

What transplant procedures are covered in the Tokio Marine HCC (TMHCC) policy?

Covered transplant procedures include solid organs (heart, heart/lung, lung, liver, kidney, kidney/pancreas and small intestine), as well as bone marrow stem cell and cord blood resulting from one of the covered specified diseases.

What is the benefit period?

The transplant benefit period encompasses the period of time from patient evaluation up to 365 days post-transplant or the expenditure of the lifetime maximum, if applicable.

Is there a pre-existing condition clause?

Yes. Any plan participant will be excluded for 12 months from the effective date who: 1) has had a transplant or has been recommended or evaluated for a transplant within the past 24 months; 2) is currently on a transplant waiting list or dialysis; or 3) has been diagnosed with Chronic Kidney Disease/ End-Stage Renal Disease (CKD/ESRD). The pre-existing condition clause does not apply: 1) to new hires and their dependents that enroll after the policy effective date or; 2) once the policy is renewed.

Are travel, meals, and lodging expenses included in the coverage?

Yes, up to a maximum of \$15,000 for the patient and one companion. Patients are reimbursed directly upon submission of receipts for roundtrip mileage, and up to \$300 per day for meals and lodging.

What is the indemnity benefit payment?

TMHCC offers the patient a \$5,000 indemnity payment after a covered transplant procedure has been confirmed.

Will TMHCC provide sample transplant coverage plan language to be added to the policyholder's plan document? If so, should the plan document's existing transplant benefits be deleted?

TMHCC will suggest language referencing the policy. Policyholders should retain their existing transplant benefits to ensure coverage if/when an individual meets the policy's pre-existing conditions provision.

Does the group have to have stop loss insurance through TMHCC to purchase the transplant program?

No. A group can be eligible for their coverage regardless of their stop loss carrier.

What kind of savings are realized in the employer's stop loss insurance for carving out transplants?

Most stop loss carriers will provide a small discount to their stop loss rates when an organ transplant policy is purchased, which can be used to defray some of the cost of the transplant coverage.

Value:

Why is it more practical to purchase stand-alone transplant policies rather than keeping transplant benefits within the existing medical plan?

There are several reasons to purchase stand-alone policies that insure transplants separately from the medical plan:

- Transplants are complicated exposures to manage and should be handled by experienced personnel who understand both the patient's needs as well as the clinical requirements to ensure the best outcomes.
- Transplant insurance promotes predictability rather than variability of cost in terms of budgeting, thus helping to stabilize a group's stop loss rates.
- Due to long wait times, solid organ transplants have a tendency to carry over plan contract years, causing unnecessary variabilities with deductibles and are generally targets for "lasers" by stop loss carriers.
- Many plan documents have vague language regarding transplant coverage, which can lead to confusion and even litigation.

What is the value of purchasing a separate policy for transplant coverage?

The single largest benefit of purchasing a separate policy for transplant coverage is the leveling out effect of the cost associated with a transplant. For many small employers, the minimal premium cost of transplant insurance may be the best financial solution. Transplant insurance is a way to pay over time via premiums versus all at once when a transplant occurs. In addition, the coverage may help mitigate lasers and ongoing risk concerns from the stop loss carriers.

Which groups are the best candidates for transplant insurance?

Any group that has had a transplant exposure in the past has probably felt the financial pain either through their stop loss rates, or by funding the exposure through their deductible and/or laser. Groups that have never had a transplant may be facing odds that an exposure is due. Smaller groups that either come from a fully insured arrangement or are already self-funded are excellent candidates.

Underwriting:

Are there any premium levels or a minimum enrollment for self-funded groups?

The required minimum is 50 employees.

Is the transplant product approved for sale in all states?

No. Check with your underwriter for approved states.

How do I receive an organ transplant proposal?

RFPs should be sent to rfp.slot@tmhcc.com.

What information is necessary to issue a proposal?

We require a physical address, a current census that includes single/family splits, the state in which the group is located, commission level desired, effective date, lifetime maximum requested (\$1M or Unlimited) and current Stop Loss Claims reporting package, which should include diagnosis or prognosis.

Transplant Case Management:

What is the notification requirement?

Full coverage is dependent upon notifying TMHCC as soon as a participant is recommended as possibly needing a transplant evaluation, and before a referral to a transplant provider is made. In this manner, we can properly assess the participant's situation and take the necessary measures to assure proper care and full coverage.

What other services does TMHCC offer in addition to the coverage?

TMHCC provides an array of services, including transplant care management, medical review, transplant network access and claims payment with our Transplant Nurse Advisor.

Claims:

To whom are claims submitted?

Facilities and providers are directed to send all claims to TMHCC for payment. Any non-covered expenses are forwarded to the administrator for adjudication and payment.

How is a transplant claim paid?

Payments of covered transplant services are made directly to providers, thus avoiding any cash flow issues for the employer. Eligible travel, meals and lodging expenses are reimbursed directly to the employee upon presentation of receipts.

To learn more, please contact **Guy Finley AVP, Sales** at gfinley@tmhcc.com.