

Other Therapy Services

Benefits are available for:

- **Cardiac Rehabilitation** – Medical evaluation, training, supervised exercise, and psychosocial support to care for You after a cardiac event (heart problem). Benefits do not include on-going conditioning or maintenance care.
- **Chemotherapy** – Treatment of an illness by chemical or biological antineoplastic agents.
- **Dialysis** – Services for acute renal failure and chronic (end-stage) renal disease, including hemodialysis, home Hemodialysis, home intermittent peritoneal dialysis (IPD), home continuous cycling peritoneal dialysis (CCPD), and home continuous ambulatory peritoneal dialysis (CAPD). Covered Services include the following:
 - Dialysis treatments in an outpatient dialysis Facility and inpatient dialysis care if Medically Necessary.
 - All other outpatient consultations, evaluations, and treatment, including visits with a multidisciplinary nephrology team.
 - Home dialysis and training for You and the person who will help You with home self-dialysis.
 - Equipment and medical supplies required for home Hemodialysis and home peritoneal dialysis. Coverage is limited to the standard item of equipment of supplies that adequately meets Your medical needs.
- **Pulmonary Rehabilitation** – Includes outpatient short-term respiratory care to restore Your health after an illness or injury.
- **Radiation Therapy** – Treatment of an illness by X-ray, radium, or radioactive isotopes. Covered Services include treatment (teletherapy, brachytherapy and intraoperative radiation, photon or high energy particle sources), materials and supplies needed, and treatment planning.
- **Respiratory Therapy** – Includes the use of dry or moist gases in the lungs, non-pressurized inhalation treatment; intermittent positive pressure breathing treatment, air or oxygen, with or without nebulized medication, continuous positive pressure ventilation (CPAP); continuous negative pressure ventilation (CNP); chest percussion; therapeutic use of medical gases or Drugs in the form of aerosols, and equipment such as resuscitators, oxygen tents, and incentive spirometers; broncho-pulmonary drainage and breathing exercises.

Transgender Services

Precertification is required for all inpatient admissions related to transgender surgeries and related travel expense; precertification is not required for any other transgender services (see the part GETTING APPROVAL FOR BENEFITS for details).

Medically Necessary services and supplies provided in connection with gender transition are a Covered Service when You have been diagnosed with gender identity disorder or gender dysphoria by a Physician. This coverage is

provided according to the terms and conditions of this Plan that apply to all other covered mental health conditions, as described under "Mental Health and Substance Abuse (Chemical Dependency) Services. Benefits for Covered Services and supplies provided for transgender services are subject to the same cost-sharing provisions and quantitative treatment limitations that are no more restrictive than the predominant financial requirements and quantitative treatment limitations that apply to substantially all medical and surgical benefits in the same classification or sub-classification. Coverage includes, but is not limited to, Medically Necessary services related to gender transition such as transgender surgery (including reconstructive surgeries such as sex reassignment surgery), male to female top surgery, tracheal shaving, hormone therapy, psychotherapy, and vocal training.

Transgender Travel Expense. Certain travel expenses incurred in connection with an approved transgender surgery will be covered, when the Hospital at which the surgery is performed is 75 miles or more from Your place of residence, provided the expenses are authorized in advance by us. Our maximum payment will not exceed \$10,000 per transgender surgery, or series of surgeries (if multiple surgical procedures are performed), for the following travel expenses incurred by You and one companion:

- Ground transportation to and from the Hospital when it is 75 miles or more from Your place of residence.
- Coach airfare to and from the Hospital when it is 300 miles or more from Your place of residence.
- Lodging, limited to one room, double occupancy.
- Other reasonable expenses. Meals, tobacco, alcohol, Drug expenses and other non-food items are excluded.

The Calendar Year Deductible will not apply and no Copayments or Coinsurance will be required for transgender travel expenses authorized in advance by us. We will provide benefits for lodging, transportation, and other reasonable expenses up to the current limits set forth in the Internal Revenue Code, not to exceed the maximum amount specified above. This travel expense benefit is not available for non-surgical transgender services.

When You request reimbursement of covered travel expenses, You must submit a completed travel reimbursement form and itemized, legible copies of all applicable receipts. Credit card slips are not acceptable. Please call customer service at the telephone number listed on Your ID Card for further information and/or to obtain the travel reimbursement form.

Travel expenses that are not covered include, but are not limited to: meals, alcohol, tobacco, or any other non-food items; child care; mileage within the city where the Hospital is located, rental cars, buses, taxis or shuttle services; frequent flyer miles, coupons, vouchers or travel tickets; prepayments or deposits; services for a condition that is not directly related to, or a direct result of, the surgery; telephone calls; laundry; postage; or entertainment.