



SurgeryPlus Benefit - Participant Notice

(Effective 7/1/2019)

SurgeryPlus is a benefit that helps you plan and pay for certain covered medical procedures. When your doctor recommends surgery, you can call SurgeryPlus. SurgeryPlus helps you find a board-certified surgeon with an extensive history of quality. They set up your initial consultation and walk you through each step of the planning process. If there aren't any SurgeryPlus surgeons near you, SurgeryPlus plans and helps pay for your travel to a SurgeryPlus surgeon. SurgeryPlus negotiates all costs before you have surgery, then coordinates the payment for you. The SurgeryPlus Benefit is offered by the CEBT Health Plan (CEBT), in partnership with Employer Direct Healthcare (EDH), available to members enrolled in non-Kaiser medical plans (excludes HRP).

How It Works

When you use SurgeryPlus, you will receive assistance with both planning and paying for covered medical procedures. Your SurgeryPlus Care Advocate will help you through the entire process. To receive SurgeryPlus benefits:

1. You must call a SurgeryPlus Care Advocate *before* you begin planning your surgery/procedure. Member Care Advocates are available at **855-200-6675**.
2. You must agree to supply your medical records and any other pertinent information to the selected SurgeryPlus doctor so he/she may assess:
 - a. The medical necessity of the requested service; and
 - b. Your suitability for the prospective treatment or procedure, including any necessary travel. This assessment is referred to as the Initial Review/Consultation.
3. Based on the Initial Review/Consultation, the SurgeryPlus physician will decide whether to accept your case.
4. You must accept and agree to the standard terms of treatment of the SurgeryPlus doctor. Receiving an Initial Review/Consultation does not commit you to proceed with treatment from the SurgeryPlus doctor.



If you are not satisfied with your SurgeryPlus physician or his/her Initial Review/Consultation, you may contact your Care Advocate and arrange for a second opinion with another SurgeryPlus doctor.

SurgeryPlus Care Advocates

SurgeryPlus Care Advocates are your connection to the SurgeryPlus benefit. They help you find a great doctor for your procedure, schedule your procedure appointments, make travel reservations (if travel is required), transfer your medical records, and coordinate all your surgery bills.

Throughout the planning process, you will work with the same Care Advocate. Your SurgeryPlus Care Advocate will provide you one-on-one, personalized help each step of the way.

SurgeryPlus Travel Benefit

Your SurgeryPlus benefit will also help pay for necessary travel associated with the covered procedure. The specific travel benefit depends on the procedure, the provider, and the distance between the provider and a member's residence. For procedures requiring inpatient admission or overnight recovery, the travel benefit covers the patient and one companion for a limited amount of time. Only travel arrangements made through your Care Advocate are eligible for coverage under the SurgeryPlus benefit.

Payment

When you use SurgeryPlus, the surgery cost for the Episode of Care (generally, services rendered by an EDH Provider and related facility costs; see Plan Document for details) is paid as follows:

- If you are on the PPO or EPO plan, CEBT will pay the full cost of the Episode of Care. You will not pay any deductible, co-pays or co-insurance amounts related to the Episode of Care.
- If you are on an HD plan (HSA eligible), you must meet the deductible amount (if applicable) under your general health plan prior to the SurgeryPlus benefit becoming available. Once you have hit the maximum deductible, the remaining amount will be paid by CEBT through the SurgeryPlus benefit. You will not pay any co-pays or co-insurance amounts. If you have already met your annual deductible before your surgery, CEBT will pay the full cost of the Episode of Care.



****Please note that the SurgeryPlus benefit covers only those services contained in the Episode of Care and terminates upon the Member’s discharge from the facility**

by Provider. Coverage for payment of any medical services rendered *subsequent* to the termination of an Episode of Care shall be the responsibility of you and CEBT. Please see examples in the Limitations and Disclosures section below for more information.

Covered Surgeries and Procedures

You can utilize the SurgeryPlus benefit for the following procedures. Note, this is not an exhaustive list, but a general guideline of the types of procedures that are covered:

Knee:

- Knee Replacement
- Knee Replacement Revision
- Knee Arthroscopy
- ACL/MCL/PCL Repair

Hip:

- Hip Replacement
- Hip Replacement Revision
- Hip Arthroscopy

Shoulder:

- Shoulder Replacement
- Shoulder Arthroscopy
- Rotator Cuff Repair
- Bicep Tendon Repair

Foot & Ankle:

- Ankle Replacement
- Bunionectomy
- Hammer Toe Repair
- Ankle Fusion
- Ankle Arthroscopy

Spine:

- Laminectomy / Laminotomy
- Anterior Lumbar Interbody Fusion
- Posterior Lumbar Interbody Fusion
- Anterior Cervical Disk Fusion
- 360 Spinal Fusion

Artificial Disk

Wrist & Elbow:

- Elbow Replacement
- Elbow Fusion
- Wrist Fusion
- Wrist Replacement
- Carpal Tunnel Release

General Surgery:

- Gallbladder Removal
- Hernia Repair
- Thyroidectomy

GI:

- Colonoscopy
- Endoscopy

GYN:

- Hysterectomy
- Bladder Repair
- Hysteroscopy

ENT:

- Ear Tube Insertion (Ear Infection)
- Septoplasty
- Thyroidectomy
- Sinuplasty

Limitations and Disclosures

SurgeryPlus is a service offered by EmployerDirect that provides non-clinical care coordination for planned medical procedures. EmployerDirect does not itself provide



any medical care, medical advice, or recommendation as to selection of any course of treatment or provider, including EmployerDirect's participating providers.

Certain examinations, tests, treatments or other medical services may be required prior to or following a planned medical procedure with a SurgeryPlus provider. Any medical services performed by anyone other than a SurgeryPlus doctor, including pre - and post-care, shall be subject to the coverage limits and other terms of the CEBT Health Plan.

All claims paid by CEBT for your SurgeryPlus benefit are considered in-network and are subject to the CEBT Health Plan rules including any applicable limits or maximums.

Subsequent to an Episode of Care, if you need emergency care for any reason, emergency services will be subject to your coverage under CEBT. The Episode of Care ends when you are discharged from the facility at which the SurgeryPlus procedure takes place.

SurgeryPlus Benefit Excludes:

- Diagnostic studies and imaging
- Physical therapy
- Durable medical equipment
- Prescriptions
- Lab work
- Pre-operative labs and testing (Note: Pre-operative labs and testing will be done at your primary care physician's office and will be submitted to your current medical health insurance)
- Complications after the "episode of care"