

**NOTICE OF SUMMARY OF MATERIAL MODIFICATIONS TO TSRI HEALTH AND WELFARE PLANS**  
**Effective January 1, 2009**

The Employee Retirement Income Security Act (ERISA) requires that TSRI notify participants each time a material change is made to the health and welfare plan.

The changes described in this document affect health benefits and should be kept with your benefit materials for future reference. Please refer to the Health and Welfare Summary Plan Description for more information regarding the benefits listed below. These changes provide further clarification of existing language in the Summary Plan Description.

**Transplant Services – Applicable to the Comprehensive Medical Plan Only**

- **Transplant Covered Expenses**

Once it has been determined that you or one of your Dependents may require an organ transplant from the list in this summary, you, or your Physician should call the Claims Administrator to discuss coordination of transplant care. Aetna will coordinate all transplant services. In addition, you must follow the Utilization Management Requirements described in the Utilization Review section of your Summary Plan Description. Organ means solid organ; stem cell; bone marrow; and tissue.

Benefits may vary if an Institute of Excellence<sup>sm</sup> (IOE) facility or non-IOE is used. In addition, travel and lodging expenses as noted below, are payable only within the IOE network. The IOE facility must be specifically approved and designated by Aetna to perform the required procedure. Treatment or Service of a covered transplant will be covered at the PPO level of benefits only if performed in a facility that has been designated as an IOE facility for the type of transplant in question. Any Treatment or Service related to transplants that is provided by a facility not specified as an IOE network facility (even if the facility is considered a PPO facility for other types of Treatment or Service) will be covered at the Non-PPO level of benefits. Please read each of the following sections carefully.

- **Institute of Excellence (IOE)**

This is a facility that is contracted with Aetna to furnish particular Treatment or Service to you or your Dependent in connection with one or more highly specialized medical procedures. The maximum charge made by the IOE for such Treatment or Service will be the amount agreed to between Aetna and the IOE.

Transplant Covered Expenses include the following:

- Charges for activating the donor search process with national registries.
- Compatibility testing of prospective organ donors who are immediate family. For the purpose of this Transplant Services section, “immediate family” is defined as a first-degree biological relative. This means your or your Dependent’s biological parent, sibling or child.
- Inpatient and outpatient Covered Expenses directly related to a transplant.
- Charges made by a Physician or transplant team.
- Charges made by a Hospital, outpatient facility, or Physician for the medical and surgical expenses of a live donor, but only to the extent not covered by another plan or program.
- Related Treatment or Service provided by the IOE facility during the transplant process. The Treatment or Service may include: physical, speech and occupational therapy; bio-medicals and immunosuppressants; Home Health Care, and home infusion services.

Transplant Covered Expenses are typically incurred during the four phases of transplant care described on the next page. Covered Expenses incurred for one transplant during these four phases of care will be considered one Transplant Occurrence.

“Transplant Occurrence” a period of time beginning at the point of evaluation for a transplant and ends either: (1) 180 days from the date of the transplant; or (2) upon the date the transplant recipient is

discharged from the Hospital or outpatient facility for the admission or visit(s) related to the transplant, whichever is later.

The four phases of one Transplant Occurrence and a summary of Transplant Covered Expenses during each phase are:

- Pre-transplant Evaluation/Screening: Includes all transplant-related professional and technical components required for assessment, evaluation and acceptance into a transplant facility's transplant program.
- Pre-transplant/Candidacy Screening: Includes HLA typing/compatibility testing of prospective organ donors who are immediate family.
- Transplant Event: Includes inpatient and outpatient services for all Transplant-related Covered Expenses provided to the transplant recipient and a donor during the one or more surgical procedures or medical therapies for a transplant; prescription drugs provided during the Hospital Inpatient Confinement or outpatient visit(s), including bio-medical and immunosuppressant drugs; physical, speech or occupational therapy provided during the transplant recipient's Hospital Inpatient Confinement or outpatient visit(s); cadaveric and live donor organ procurement.
- Follow-up Care: Includes all transplant Covered Expenses; Home Health Care services; home infusion services; and transplant-related outpatient services rendered within 180 days from the date of the transplant event.

For the purposes of this section, the following will be considered to be one Transplant Occurrence:

- Heart;
- Lung;
- Heart/ Lung;
- Simultaneous Pancreas Kidney (SPK);
- Pancreas;
- Kidney;
- Liver;
- Intestine;
- Bone Marrow/Stem Cell transplant;
- Multiple organs replaced during one transplant surgery;
- Tandem transplants (Stem Cell);
- Sequential transplants;
- Re-transplant of same organ type within 180 days of the first transplant; or
- Any other single organ transplant, unless otherwise excluded under this plan.

The following will be considered to be more than one Transplant Occurrence:

- Autologous Blood/Bone Marrow transplant followed by Allogenic Blood/Bone Marrow transplant (when not part of a tandem transplant);
- Allogenic Blood/Bone Marrow transplant followed by an Autologous Blood/Bone Marrow transplant (when not part of a tandem transplant);
- Re-transplant after 180 days of the first transplant;
- Pancreas transplant following a kidney transplant;
- A transplant necessitated by an additional organ failure during the original transplant surgery/process; or
- More than one transplant when not performed as part of a planned tandem or sequential transplant (e.g., a liver transplant with subsequent heart transplant).

- **Travel and Lodging Expenses**

If Treatment or Service of a covered transplant is performed in a facility that has been designated as an IOE facility and the facility is more than 100 miles from the transplant recipient's residence, expenses related to travel and lodging for the transplant recipient and one companion will be considered Covered Expenses, not to exceed \$10,000 for any one transplant or procedure type, including tandem transplants. This is a combined maximum for the transplant recipient, companion, and donor.

Travel is reimbursed between the transplant recipient's home and the facility for round trip (air, train or bus) transportation costs (coach class only). If traveling by auto to the facility, mileage, parking and toll costs are reimbursed. Mileage Reimbursement is \$.14/mile.

Reimbursement of expenses incurred by the transplant recipient and companion for hotel lodging away from home is reimbursed at a rate of \$50 per night per person (or \$100 per night total).

No benefits will be payable for travel and lodging expenses if services are provided by a facility not specified as an IOE network facility (even if the facility is considered a PPO facility for other types of Treatment or Service).

- **Exclusions**

The general Medical exclusions as described in your Summary Plan Description will apply to Transplant Services. In addition, Transplant Services do not include charges for:

- outpatient drugs, including bio-medicals and immunosuppressants not expressly related to an outpatient Transplant Occurrence;
- Treatment or Service furnished to a donor when the recipient is not you or your Dependent;
- home infusion therapy after the Transplant Occurrence;
- harvesting or storage of organs, without the expectation of immediate transplantation for an existing illness;
- Harvesting and/or storage of bone marrow, tissue or stem cells without the expectation of transplantation within 12 months for an existing illness;
- Cornea (Corneal Graft with Amniotic Membrane) or Cartilage (autologous chondrocyte or autologous osteochondral mosaicplasty) transplants. Cornea and cartilage transplants are covered under the normal provisions of the Medical section in the Summary Plan Description , and are not subject to any conditions set forth in this Transplant Services section.

Benefits paid for Transplant Services will be applied to the Medical Overall Lifetime Maximum Payment Limit and this maximum will be reduced by the benefits paid.