

**AMENDMENT NINE
TO THE
SACRAMENTO INDEPENDENT HOTEL,
RESTAURANT & TAVERN EMPLOYEES WELFARE TRUST**

WHEREAS, the Board of Trustees of the Sacramento Independent Hotel, Restaurant and Tavern Employees Welfare Plan (the "Plan") has a Joint Administrative Services Agreement with the Provider Aetna life Insurance Company and wishes to amend the Plan to expand its definition of eligible Organ Transplant services to include coverage for Chimeric Antigen Receptor T-Cell Therapy (CAR-T), similar to bone marrow/stem cell transplants; and

WHEREAS, the Board of Trustees of the Plan believes the amendment would be in the best interests of its eligible participants and dependents; and

THEREFORE, the Board of Trustees amends the Plan as follows:

Amendment

Effective as of January 1, 2019, the Board of Trustees of the Plan has amended Item (22) "Organ Transplants" of Article I. DEFINITIONS on pages 3 to 5 of the Summary Plan Description (also known as the Plan Document) as follows:

(22) Organ Transplants - Eligible Expenses for a human organ, stem cell, bone marrow or tissue transplant, or any combination thereof, provided by a physician and hospital, are covered subject to the following conditions:

(a) The following will be considered to be **one transplant occurrence** once it has been determined that you or your dependent(s) may require an Organ Transplant as follows:

- i. Heart;
- ii. Lung;
- iii. Heart/Lung;
- iv. Simultaneous Pancreas Kidney (SPK);
- v. Pancreas;
- vi. Kidney;
- vii. Liver;
- viii. Intestine;
- ix. Bone Marrow/Stem Cell;
- x. Multiple Organs replaced during one transplant surgery;
- xi. Tandem transplants (Stem Cell);
- xii. Sequential Transplants;
- xiii. Re-transplant of same organ type within 180 days of the first transplant;
- and
- xiv. Effective January 1, 2019, Chimeric Antigen Receptor T-Cell Therapy (CAR-T) and T-Cell receptor therapy for FDA-approved treatments; and
- ~~xiv~~xv. Any other single organ transplant, unless otherwise excluded under this Plan.

(b) The following will be considered to be **"more than one"** Transplant Occurrence:

- i. Autologous blood/bone marrow transplant followed by allogenic blood/bone marrow transplant (when not part of a tandem transplant);
- ii. Allogenic blood/bone marrow transplant followed by a autologous blood/bone marrow transplant (when not part of a tandem transplant);
- iii. Re-transplant after 180 days of the first transplant;

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- iv. Pancreas Transplant following a kidney transplant;
- v. A transplant necessitated by an additional organ failure during the original transplant surgery/process; and
- vi. 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).

(c) Charges for hospital and surgical care in connection with organ transplants will be considered eligible under this Plan pursuant to this section. **Eligible Expenses** include:

- i. Charges for the recipient and the donor of the organ or tissue so long as the surgery is not considered “investigative” or “experimental” by one or more of the following:
 - The American Medical Association
 - The Council of Technology Assistance Program
 - The Council on Medical Specialty Societies
 - The National Institute of Health
 - Medicare
 - The Food and Drug Administration
 - Other accepted medical authorities and sources;
- ii. Benefits will be provided only when the Hospital, Physician, or Transplant Team customarily charge a transplant recipient for such care and services. No benefits will be payable for services for which a Covered Person would not be legally obligated to pay if there were no coverage under the Plan.
- iii. 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.
- iv. Related supplies and services provided by the facility during the transplant process. These services and supplies may include physical, speech, and occupational therapy, bio-medicals and immune-suppressants, home health care expenses, and home infusion services.
- v. Charges for activating the donor search process with National Registries.
- vi. Compatibility testing of prospective organ donors who are immediately family members. For the purpose of this coverage, an “immediate” family member is defined as first-degree biological relative, such as your biological parents, siblings or children.
- vii. When only the transplant recipient is a Covered Person, benefits will be provided for Eligible Expenses of the donor to the extent that benefits to the donor are not provided under any other form of coverage. With respect to the donor, payment of benefits will be made only for the necessary Hospital and Physicians medical care and services required to harvest the organ. In no case will any payment of a “personal service fee” be made to the donor.
- viii. When only the donor is a Covered Person, the donor will receive benefits for care and services necessary to the extent such benefits are not provided for the donor under any coverage available to the recipient of the organ or tissue transplant procedure. Benefits will not be provided to any recipient who is not a Covered Person.

(d) The amount the participant and/or dependent pays for covered transplant services is determined by where the transplant services is received. You can get transplant services from (1) a facility designated by the Plan as an **Institute of Excellence (IOE)** or (2) Non-IOE facility. The Plan’s network level of benefits is paid only for a treatment received at a facility designated by the Plan as an **Institute of Excellence (IOE)** for the type of transplant being performed. Each IOE has been selected to perform only certain types of transplants. Services obtained from a facility that is **not designated as an IOE** for the transplant being performed will be covered as

Out-of-network services and supplies, even if the facility is a network facility or IOE for other types of services. This means that your cost share will be higher if you get covered transplant services at a non-IOE facility. Benefits may vary if an IOE facility, or non-IOE, or out-of-network provider is used. To ensure coverage, all transplant procedures need to be pre-certified by Aetna.

(e) Covered Transplant Expenses are typically incurred during the **Four phases of transplant** care described below. Expenses incurred for one transplant during these four phases of care will be considered one transplant occurrence. **Transplant occurrence** is considered to begin at the point of evaluation for a transplant and end either 180 days from the date of the transplant or upon the date you are discharged from the Hospital or Outpatient facility for the admission or visit related to the transplant, whichever is later. The four phases of one transplant occurrence and a summary of covered transplant expenses during each phase are:

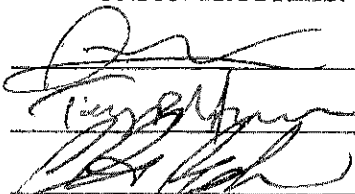
- i. **Pre-transplant Evaluation/Screening:** Includes all transplant related professional and technical components required for assessment, evaluation and acceptance into a transplant facility's transplant program;
- ii. **Pre-transplant/Candidacy Screening:** Includes HLA typing/compatibility testing of prospective organ donors who are immediate family members;
- iii. **Transplant Event:** Includes inpatient and outpatient services for all covered transplant-related health services and supplies provided to you and a donor during the one or more surgical procedures or medical therapies for a transplant; prescription drugs provided during your inpatient stay or outpatient visit(s), including biomedical and immunosuppressant drugs; physical, speech or occupational therapy provided during your inpatient stay or outpatient visit(s), cadaveric and live donor organ procurement; and
- iv. **Follow-up care:** Includes all covered transplant expenses, home health care services, home infusion services, and transplant related outpatient services rendered within 180 days from the date of the transplant event.

(f) **Limitations.** Unless specified above, the following charges are not covered under the Plan:

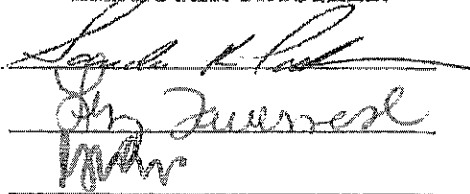
- i. Outpatient drugs including bio-medicals and immunosuppressants not expressly related to an outpatient transplant occurrence;
- ii. Services that are covered under any other part of this Plan;
- iii. Services and Supplies furnished to a donor when the recipient is not covered under this Plan;
- iv. Home infusion therapy after the transplant occurrence;
- v. Harvesting or Storage of organs, without the expectation of immediate transplantation for an existing illness;
- vi. Harvesting and/or Storage of bone marrow, tissue or stem cells, without the expectation of transplantation within 12 months for an existing illness; and
- vii. Cornea (Corneal Graft with Amniotic Membrane) or Cartilage (autologous chondrocyte or autologous osteochondral mosaicplasty) transplants, unless otherwise authorized by Aetna.

Approved:

UNION TRUSTEES:



EMPLOYER TRUSTEES:



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