



TOKIO MARINE
HCC

Combined

HCC Life Insurance Company operating as Tokio Marine HCC – A&H Group



Group Organ & Tissue Transplant Insurance

Benefits Brochure

Helping to protect you and your family against the high cost of transplant



Why Group Organ and Tissue Transplant Insurance?

Organ transplant surgery is a very expensive, life-saving procedure. Even if you are not hospitalized, the initial evaluation process along with being added to a waiting list for an organ can be a tremendous cost.

The Group Organ and Tissue Transplant insurance provided through your employer covers all major organ and tissue transplants resulting from one of the covered specified diseases (see policy for a list of covered diseases). Coverage begins at evaluation and continues up to 365 days after the transplant operation, paying 100 percent of all covered transplant-related physician, hospital and drug expenses when using in-network providers.¹

How Does Group Organ Transplant Insurance Work?

When you or your dependent are diagnosed by your physician as a possible organ transplant candidate, you must immediately inform your company's plan administrator or call the Tokio Marine HCC (TMHCC) Transplant Unit (833-254-9537).² All transplant services must be reviewed and approved by the TMHCC Benefit Transplant Unit before any services are performed.

Coverage Highlights

- \$1 million, \$2 million or Unlimited lifetime maximum selected by your employer
- 100% coverage for in-network transplant related claims from first dollar (including evaluations, hospital, physician, procurement and drugs); 80% coverage for out-of-network transplant related claims (up to aspecified amount)

- No deductibles for in-network services through the Specialty Care Center Network
- Support throughout your transplant benefit period by experienced Transplant Nurse Advisors
- \$5,000 indemnity payment made directly to covered patients who receive a transplant
- Generous travel and lodging allowance for patient and companion (up to \$15,000 per occurrence)
- Covers evaluation, transplant, and up to 365 days after the transplant operation (does not cover the underlying medical diseases)
- Choice of qualified transplant centers throughout the United States
- Covers all major organ and tissue transplants, including:

- | | |
|--------------|-------------------|
| * Heart | * Kidney |
| * Lung | * Pancreas |
| * Heart/Lung | * Kidney/Pancreas |
| * Liver | * Bone Marrow |
| * Intestine | * Stem Cell |

A Transplant Nurse Advisor will support you through the four phases of your covered transplant “episode of care.”



Phase 1: Consultation/Evaluation

You are examined and tested to determine your appropriateness for transplantation. You will then meet your transplant coordinator and members of the transplant team.



Phase 2: Candidacy

You are added to the organ sharing waiting list and notified when an organ becomes available, based on a number of screening factors.



Phase 3: Procedure

Your transplant surgery and hospital stay.



Phase 4: Follow-up

After you are released from the hospital, your health is closely monitored by the transplant team for up to a year after your surgery.

Benefits at a Glance

	In-Network	Out-of-Network
Lung	100%	80% up to \$349,000
Heart	100%	80% up to \$488,000
Heart / Lung	100%	80% up to \$745,000
Liver	100%	80% up to \$332,000
Kidney	100%	80% up to \$170,000
Pancreas	100%	80% up to \$162,000
Kidney/Pancreas	100%	80% up to \$253,000
Intestine	100%	80% up to \$517,000
Allogeneic Bone Marrow Transplant (Related)	100%	80% up to \$334,000
Allogeneic Bone Marrow Transplant (Unrelated)	100%	80% up to \$394,000
Autologous Bone Marrow Transplant	100%	80% up to \$200,000
Lifetime Maximum (per covered person)	\$1 million / \$2 million / Unlimited	\$1 million / \$2 million / Unlimited
Benefit period	Begins at evaluation and continues for up to 365 days post transplant operation	Begins at evaluation up until 365 days post transplant operation
Transplant Evaluation	100% of eligible expenses	80% of eligible expenses
Search and Registry Fees	100%, no limit, subject to lifetime maximum	80%, subject to overall non-network limits
Organ Procurement Benefit Donor	100% during transplant benefit period	80%, subject to overall non-network limits
Bone Marrow / Stem Cell Harvesting	100% during transplant benefit period	80%, subject to overall non-network limits
Bone Marrow / Stem Cell Storage	100% during transplant benefit period up to 6 months	80%, subject to overall non-network limits up to 6 months
Transportation / Lodging / Meals	100% of eligible expenses during any transplant benefit period up to a daily maximum of \$300 with a combined maximum of \$15,000 for lodging, transportation and meals	100% of eligible expenses during any transplant benefit period up to a daily maximum of \$300 with a combined maximum of \$15,000 for lodging, transportation and meals
Hospital Confinement and Physician	100% of eligible expenses	80% of eligible expenses, subject to limit by transplant type
Rehabilitation Facility Confinement	100% of eligible expenses to 15 days acute or non-acute rehabilitation facility	100% of eligible expenses to 15 days acute or non-acute rehabilitation facility
Home Health	100% of eligible expenses to 15 visits	100% of eligible expenses to 15 visits
Surgery for Organ or Tissue Transplant	100% of eligible expenses	80% of eligible expenses, subject to limit by transplant type
Ambulance Service	100% of eligible expenses up to \$25,000	100% of eligible expenses up to \$25,000
Outpatient Treatment	100% of eligible expenses	80% of eligible expenses, subject to limit by transplant type
National Cancer Institute (NCI) Phase Trials	All phases covered	All phases covered
Prescription Drugs	100% of eligible expenses, immunosuppressants and preventive antibiotics, antivirals, and antifungals	100% of eligible expenses, immunosuppressants and preventive antibiotics, antivirals, and antifungals



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Disclaimer

Transplant benefits are those expenses that are transplant-related. Other non-transplant-related expenses may be considered for payment in accordance with the terms and conditions of your employer's health plan. Non-transplant-related expenses include, but are not limited to, the treatment of underlying disease or unrelated conditions. Transplant policy provisions are subject to eligibility and pre-existing condition limitations.

Exclusions

(state variations may apply)

We will not pay, in whole or in part, for any of the following:

- Any service or supply not directly related to a Covered Transplant Procedure. This includes any service, supply, prescription drug, or altered or non-altered biological product rendered to monitor or treat the underlying disease and/or an unrelated disease before or after transplant (that is not part of the actual Covered Transplant Procedure).
- Services, supplies, and prescription drugs for treatment of complications related to a Covered Transplant Procedure, unless such complications are determined by Us to be the immediate and direct result of a Covered Transplant Procedure.
- Services, supplies and prescription drugs required to meet Transplant Provider's patient transplant listing requirements including, but not limited to, programs for: chemical dependency; alcoholism; smoking cessation; and weight loss.
- Nutritional supplements including, but not limited to, full or partial oral or intravenous nutrition after discharge from a transplant hospitalization or outpatient transplant procedure.
- Charges for any transplant related services or supplies incurred prior to the Policy Effective Date.
- Charges for any transplant related services or supplies related to a transplant that results from an accident or any disease not specified in the Appendix of the Policy.
- Charges for prescription drugs incurred prior to a Covered Transplant Procedure, except for prescription drugs used in mobilization and/or High Dose Chemotherapy that is part of a Covered Transplant Service.
- Charges for prescription drugs incurred after discharge from a transplant hospitalization, except for immunosuppressants, prophylactic antibiotics, prophylactic antivirals, prophylactic antifungals, and/or prescription drugs used to treat complications directly related to a Covered Transplant Procedure.
- Chemotherapy and/or surgery prior to beginning High Dose Chemotherapy (including bone marrow/stem cell transplantation).
- Services provided for the removal of a transplanted solid organ, unless the removal is provided during a Covered Transplant Procedure.
- Services, supplies, and/or drugs provided after:
 - 1) a transplanted solid organ has been removed from the transplant recipient; 2) a transplanted solid organ ceases to function; 3) disease has returned in a solid organ or bone marrow/stem cell transplant recipient; or 4) prescription drugs, chemotherapy, radiation or other treatment has been rendered to treat the return of disease or as a prophylactic to the return of disease.
- Services for human leukocyte antigen typing of You or Your relatives, compatibility testing, unrelated bone marrow/stem cell searches on registries, and harvest and/or storage of bone marrow/stem cells when bone marrow/stem cell transplant has not been reviewed and approved by Us.
- Services and supplies for immunizations.
- Animal organ or artificial organ transplants.
- Charges for a stand-by Physician, unless otherwise approved by Us.
- Services of a Provider who is a member of Your Immediate Family.
- Services, supplies, or Hospital care which We determine are not Medically Necessary for the treatment of illness, diseased condition, or impairment, except as specifically stated as covered.
- Custodial Care.
- Hospice care.
- Charges for any Experimental and/or Investigational Treatment, except as specifically stated in the Policy.
- Charges paid or payable under Workers' Compensation.
- Preventive or routine care (including physicals, premarital examinations, any other routine or periodic examinations), dental services and supplies, education and training, except as specifically stated as covered.
- Research studies or screening examinations.
- Services or supplies to the extent You are not legally obligated to pay for them.
- Expenses incurred before the Policy Year begins or after it ends, except as stated in the Policy.
- Rest cures or sanitarium care.
- Services or supplies furnished by any Provider acting beyond the scope of such Provider's license.
- Any service or supply that is a Medicare Part A, Part B, or Part D liability.
- Services or supplies received from a dental or medical department maintained by or on behalf of the Policyholder.
- Services provided by any governmental agency to the extent that You are not charged for them, unless otherwise required by state or federal law.
- Services or supplies not specifically stated as covered.
- Telephone consultations, charges for failure to keep a scheduled visit, or charges for completing a claim form.
- Recreational or diversional therapy.
- Materials used in occupational therapy.
- Personal hygiene and convenience items, such as air conditioners, humidifiers, hot tubs, whirlpools or physical exercise equipment, even if a Provider prescribes such items.
- Services and supplies, which are eligible to be repaid under any private or public research fund whether or not such funding was applied for or received.
- Services and supplies for treatment of complications or diseases incurred by a living donor, including, but not limited to, increased length of hospitalization or the costs to treat any complication or disease.
- Services and supplies incurred by any COBRA continuee whose COBRA continuation coverage was not offered and/or elected, and premiums were not paid, within the time frames required by COBRA.
- Prescription Drugs for the treatment or prevention of a rejected organ or tissue following the end of the Transplant Benefit Period.
- Services and supplies of any Provider located outside the United States of America, except for organ or tissue procurement services, unless otherwise prohibited by United States federal law.
- Biological and/or mechanical devices used as a bridge to transplant unless specifically included in the Schedule of Benefits in the Policy.
- Charges for any transplant-related services or supplies incurred during the current Policy Year when the transplant procedure occurred prior to the Policy Effective Date. However, we will make an exception to this Exclusion for Covered Charges related to a Covered Transplant Procedure You received under a previous Organ & Tissue Transplant Policy or Specified Disease-Organ & Tissue Transplant Policy issued by Us to the Policyholder, as long as:
 - There has been no break in coverage between the Transplant Policies issued by Us; and
 - The Covered Charges are for services or supplies incurred within the Transplant Benefit Period for the Covered Transplant Procedure.

1. All transplant services, including evaluation, listing and transplant, are subject to medical review and approval.
2. Failure to do so could result in a loss of full coverage.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the policy terms, conditions, limitations, reductions, exclusions and termination provisions. Please see policy and certificate for details. © 2026. All rights reserved.

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