

Additional Option – Organ Transplant Policy

Carrier Name	QBE
Covered Transplant Types	Bone marrow/stem cell/cord blood, Heart, Lung, Liver, Kidney, Pancreas, Intestine
Lifetime Maximum	Unlimited
Reimbursement	Participating Provider - 100% reimbursement Non-Participating Provider – 80% reimbursement
Deductible	None
Transplant Benefit Period	Evaluation up to 365 days after transplant
Pre-Existing Conditions	Included – 24/12
Employee Only	\$6.28
Family	\$15.10
Annual Total	\$214,248

