Amendment to Plan of Benefits

For Employees of: VANDERBILT UNIVERSITY
Master Services Agreement/Administrative Services Agreement/Administrative Services Contract
No.: 811338

Effective January 1, 2022, the following changes have been made to your Booklet. For those plans that use a network of providers, the following Emergency services benefit replaces the current Emergency services benefit now appearing in your booklet.

1. For those plans that use a network of providers, the following Emergency services benefit replaces the current Emergency services benefit now appearing in your booklet.

Emergency services
When you experience an emergency medical condition, you should go to the nearest emergency room. You can also dial 911 or your local emergency response service for medical and ambulance help.

Your coverage for emergency services will continue until your condition is stabilized and:
- Your attending physician determines that you are medically able to travel or to be transported, by non-medical or non-emergency medical transportation, to another provider if you need more care
- You are in a condition to be able to receive from the out-of-network provider delivering services the notice and consent criteria with respect to the services
- Your out-of-network provider delivering the services meets the notice and consent criteria with respect to the services

If your physician decides you need to stay in the hospital (emergency admission) or receive follow-up care, these are not emergency services. Different benefits and requirements apply. Please refer to the How your plan works – Medical necessity and precertification requirements section and the Coverage and exclusions section that fits your situation (for example, Hospital care or Physician services). You can also contact us or your network physician or primary care physician (PCP).

Non-emergency services
If you go to an emergency room for what is not an emergency medical condition, the plan may not cover your expenses. See the schedule of benefits for more information.

2. For those plans that use a network of providers, the following is added to the Emergency Services Important Note now appearing in your Schedule of Benefits.

In the case of a surprise bill from an out-of-network provider, where you had no control of their participation in your covered services, you will pay the same cost share you would have if the covered services were received from a network provider. The cost share will be based on the median contracted rate. Contact us immediately if you receive such a bill.

3. For those plans that provide out-of-network coverage, the following information on involuntary services revises the involuntary services information now appearing in the Recognized charge section of your booklet.
The out-of-network plan rate does not apply to involuntary services. Involuntary services are services or supplies that are one of the following:

- Performed at a network facility by certain out-of-network providers
- Not available from a network provider
- Emergency services

We will calculate your cost share for involuntary services in the same way as we would if you received the services from a network provider. If you receive a surprise bill, your cost share will be calculated at the median contracted rate.

**Important Note:**
In the case of a surprise bill from an out-of-network provider, where you had no control of their participation in your covered services, you will pay the same cost share you would have if the covered services were received from a network provider. The cost share will be based on the median contracted rate. Contact us immediately if you receive such a bill.

4. For those plans that use a network of providers, the following sentence has been removed from the Keeping a provider you go to now (continuity of care) section of your booklet.

We will authorize coverage only if the provider agrees to our usual terms and conditions for contracting providers.

Amend: 1780
Issue Date: December 3, 2021