

Specialty Infusion Drug Coverage Limits on Medical Plans

Amedisys Employees Welfare Benefit Plan

Effective Date: January 1, 2025

The following drugs are subject to a maximum coverage reimbursement amount under the Amedisys Employees Welfare Benefit Plan (the “Plan”). These coverage limits apply to all medical plan options offered under the Plan, administered by Highmark BCBS.

Drug Name	CPT Code	Coverage Max per Infusion
Darzalex Faspro / daratumumab and hyaluronidase-fihj	J9144	\$13,000
Entyvio	J3380	\$9,000
Herceptin / trastuzumab	J9355	\$7,000
Lumizyme / alglucosidase alfa	J0221	\$44,000
Oncaspar / pegaspargase	J9266	\$33,000
Soliris / eculizumab	J1300	\$22,000
Uplinza / inebilizumab-cdon	J1823	\$171,000

If you or a covered family member are receiving treatment that uses one or more of these specialty infusion drugs list, it is important for you to review your Explanation of Benefits (EOB) statement from Highmark BCBS to identify if these limits will impact you or your covered family members.

How do I get my Explanation of Benefits (EOB) statements?

You can access your EOB statements by logging in to your account at www.myhighmark.com or call **Highmark** at **866-283-3792** if you prefer paper EOB statements mailed to you at no charge.

How do I know if these coverage limitations will apply to me or my family?

Review your Explanation of Benefits (EOB) statement from Highmark BCBS for your last infusion treatment and look for the “allowed amount” for the individual codes or infusion drugs listed above.

- If the allowed amount for your treating physician or healthcare facility is the same or less than the coverage maximum listed below, this change will not impact your current care.
- If the allowed amount for your treating physician or healthcare facility is MORE than the coverage maximum listed below for your specialty infusion drug, this means the Plan will only pay up to the coverage maximum per date of service for that drug.

What happens if my provider or local hospital is charging more than the Plan’s coverage limit?

Your provider or facility may or may not send you a bill for the difference between their allowed amount and the Plan’s maximum coverage limit for each infusion billed through Highmark BCBS.

- If you are not billed, your provider may simply “write off” the remaining amount that was not paid, meaning you will not have to pay that amount. This does not impact your credit report, as your provider is choosing to accept a lower payment amount for each infusion.

- If you are billed, your provider may charge you for the amount that exceeds the Plan's coverage maximum limit. Please note the excess amount is NOT subject to your out-of-pocket maximum, meaning you will be responsible for the entire amount of the bill.

What options do I have if my treatment cost exceeds the Plan's coverage maximum?

1. **Ask your provider to accept the Plan's reimbursement amount as payment in full.** This allows you to continue treatment at your current doctor and/or hospital without the worry of getting billed for significant amounts.
2. **Ask your provider to bill your Amedisys pharmacy coverage with CVS Caremark** for the specialty infusion drug. Many hospitals also are in-network with CVS Caremark and can submit pharmacy claims directly to CVS for payment by our Plan. This allows you to continue treatment at your current doctor and/or hospital without any balance billing.
3. **Contact Included Health to find a different site of care or facility** that will accept the Plan's reimbursement amount as payment in full. This may include home infusion providers, a nearby outpatient infusion clinic, or even your local doctor's office instead of the hospital building. Included Health can also handle any medical record transfers, appointment scheduling, and confirm your new provider or facility will accept the Plan's reimbursement amount for your treatment.
4. **Do nothing** and continue to receive treatment from your current provider at the current facility, which may send you a bill for the amount not covered by the Plan. It is your responsibility to work with your provider for payment options and/or any financial assistance that may be available to you.

Are these the only specialty drugs subject to a coverage maximum limit?

Amedisys reserves the right to update this list of specialty infusion drugs and each associated maximum coverage limit at any time.

Who can I talk to for help with my treatment or therapy options?

You should talk with your doctor about other options that may be available to you at a lower cost, including using a different infusion location or care setting. You also have free access to **Included Health** experts who can provide a second opinion related to your diagnosis and available treatment options at no cost to you. Included Health can also help you find other providers or facilities to deliver your care at a lower cost. Register your account at www.includedhealth.com/amedisys or call **Included Health** 24/7 at **855-429-7330**.