



**CENTERS OF EXCELLENCE  
WRAP PLAN DOCUMENT**  
 PLAN YEAR 2025  
 (EFFECTIVE JULY 1, 2024 – JUNE 30, 2025)




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**Public Employees' Benefits Program**  
 3427 Goni Road, Suite 109  
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## Special Benefit for Select Surgeries – Centers of Excellence

Participants enrolled in PEBP’s Consumer Driven Health Plan (CDHP), Low Deductible Preferred Provider Organization (LD-PPO), or the Exclusive Provider Organization Plan (EPO) have a special surgery benefit, referred to as the Center of Excellence benefit. This benefit provides access to Centers of Excellence and concierge services, through PEBP’s vendor Carrum Health.

This is a voluntary program which provides access to specialized providers and facilities selected for their expertise in selected procedures, as well as assistance with travel, communication, and other non-medical matters relating to those procedures. This document describes the Center of Excellence benefit, including important conditions and restrictions.

The Center of Excellence benefit is available for the following procedures:

- Total, partial, and revision hip and knee replacement surgery
- Spinal fusion surgery
- Bariatric (weight loss) surgery
- Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)
- Cardiac (heart) surgery

The table below summarizes coverage under the Center of Excellence benefit compared to using a PEBP plan directly. As shown in the table, certain services provided under the benefit are covered at 100%, meaning there is no out-of-pocket cost for the participant, such as copays or coinsurance, except that participants in an HSA-eligible plan must meet their annual deductible.

### Summary of Benefits Coverage

	<b>Carrum Health Benefit</b>	<b>CDHP</b>	<b>LD-PPO</b>	<b>EPO</b>
Hip and Knee replacement	100% covered for LD-PPO and EPO. CDHP subject to deductible	In-Network, plan pays 80% after deductible, 100% after out-of-pocket max met	In-Network, \$500 Copay Ambulatory Surgery Center (out-patient), plan pays 80% or in-patient surgeries	In-Network, \$350 Copay Ambulatory Surgery Center (out-patient), plan pays 80% or in-patient surgeries
Spinal fusion surgery	100% covered for LD-PPO and EPO, CDHP subject to deductible	In-Network, plan pays 80% after deductible, 100% after out-of-pocket max met	In-Network, \$500 Copay Ambulatory Surgery Center (out-patient), plan pays 80% for in-patient services	In-Network, \$350 Copay Ambulatory Surgery Center (out-patient), plan pays 80% or in-patient surgeries

Bariatric (weight loss) surgery	100% covered for LD-PPO and EPO, CDHP subject to deductible	In-Network, plan pays 80% after deductible, 100% after out-of-pocket max met	In-Network, \$500 Copay Ambulatory Surgery Center (out-patient), plan pays 80% for in-patient surgeries	In-Network, \$350 Copay Ambulatory Surgery Center (out-patient), plan pays 80% or in-patient surgeries
Other orthopedic procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)	100% covered for LD-PPO and EPO, CDHP subject to deductible	In-Network, plan pays 80% after deductible, 100% after out-of-pocket max met	In-Network, \$500 Copay Ambulatory Surgery Center (out-patient), plan pays 80% for in-patient surgeries	In-Network, \$350 Copay Ambulatory Surgery Center (out-patient), plan pays 80% or in-patient surgeries

**Note: For additional information about benefits provided in the CDHP, LD-PPO or EPO plans, please refer to the appropriate Master Plan Document.**

### How It Works

The vendor currently coordinating PEBP’s Center of Excellence benefit is Carrum Health. Participants wishing to use the Center of Excellence benefit can contact Carrum Health at 1-888-855-7806, Monday through Friday from 9 a.m. to 8 p.m. EST; online at [carrum.me/PEBP](http://carrum.me/PEBP); or by downloading the ‘Carrum Health’ app on iPhone and Android devices to search for and compare participating hospitals and physicians. Neither PEBP nor Carrum renders any medical care or advice, nor do they recommend any particular medical providers or course of treatment.

After contacting Carrum Health, a participant is assigned a Care Specialist, who will determine if the participant is eligible to participate in the Center of Excellence benefit and provide non-medical coordination throughout the entire episode of care. Care Specialist services can include assistance with hospital and physician selection, medical records collection, appointment scheduling, travel reservations, and logistics management.

Participants must agree to provide their medical records and any other relevant information to their selected hospital and physicians to facilitate a consultative evaluation to determine if the procedure is appropriate and medically necessary. Medical records and images are collected on behalf of participants by their assigned Care Specialists. Receiving this evaluation does not commit a participant to proceed with the procedure or to use the Center of Excellence benefit.

In order to receive coverage under the Center of Excellence benefit, a Center of Excellence must determine that the covered procedure is medically necessary, and the procedure must not otherwise be excluded under the terms of the applicable PEBP plan.

To receive coverage under the Center of Excellence benefit, services MUST be scheduled and authorized by Carrum Health. If the participant has a procedure at a facility deemed a Center of Excellence but does not make the arrangements for that procedure through Carrum Health, their care will be covered as set forth in the CDHP, LD-PPO, or EPO, as applicable.

The Center of Excellence benefit applies toward any benefit maximums on the covered procedures under the applicable plan. Any cost-sharing paid by the participant will count towards the annual deductible and out-of-pocket maximum.

If PEBP would pay secondary in accordance with its coordination of benefits provisions, such secondary coverage will be determined in accordance with the PEBP's standard terms and cost-sharing provisions and not under the Center of Excellence benefit.

Carrum Health will provide appropriate documentation for any non-medical benefits paid under the program, which may be subject to taxation as income to the participant, in particular, the allowance paid for meals and incidentals.

## Covered Expenses

### *Medical Costs*

If a participant proceeds with a procedure arranged by Carrum Health pursuant to the Center of Excellence benefit, all medical costs charged by the Center of Excellence related to the covered procedure will be covered, with no copay or coinsurance (except those enrolled in an HSA-eligible plan will still be subject to the annual deductible).

### *Travel Costs*

If travel arrangements are scheduled and reserved through Carrum Health, the following expenses incurred for transportation, lodging, meals, and incidentals are covered for the participant and one adult companion. The daily allowance will be paid to the participant prior to travel to the Center of Excellence location and is to be used at the discretion of the participant and companion.

- Participants traveling for inpatient (overnight stay) surgeries that live within 60 miles of the Center of Excellence where the procedure is to be performed, or for outpatient (same day) surgeries, will receive a stipend to cover gas, parking, and meals.
- Participants that travel over 60 miles for any inpatient surgery or for outpatient total joint replacement/spine surgery will receive coverage for travel as follows:
  - The primary mode of round-trip transportation, e.g. flight or rental car, for the participant and one adult companion between the participant's home location

and the location of the Center of Excellence where the procedure is to be performed;

- Hotel accommodations near the Center of Excellence, limited to one room with two queen beds, to be shared by the participant and one adult companion; and
  - A daily allowance for the participant and companion intended to cover meals, incidentals, and other out-of-pocket expenses related to traveling for the procedure. The daily allowance for the participant will be provided for days before and after, but not during, the inpatient stay.
- If an in-person consultation is required by the Center of Excellence physician, a round trip solely for the participant will be arranged and covered.

## Coverage Limitations and Disclosures

If the participant changes plans after travel arrangements have been made to receive a covered procedure at a Center of Excellence, the participant will be responsible for any cost-sharing and travel costs for services received prior to the change in plans, as required under the CDHP, LD-PPO, or EPO, as applicable.

Emergency or lifesaving medical services that occur as the result of the planned procedures under the Center of Excellence benefit are not covered under the benefit and are subject to the coverage limits, cost-sharing, and other terms of the CDHP, LD-PPO or EPO, as applicable.

Certain examinations, tests, or other medical services may be required before or after the participant visits the chosen Center of Excellence under the benefit. Any medical services not performed by a participating Center of Excellence facility or physician, including necessary pre- and post-acute care, are not covered under the Center of Excellence benefit, and are subject to the coverage limits, cost-sharing, and other terms of the CDHP, LD-PPO or EPO, as applicable.

Coverage under the Center of Excellence benefit may be denied by Carrum Health if:

- The participant does not provide any documentation required by Carrum to facilitate a referral to a Center of Excellence;
- The Center of Excellence facility/provider has declined to treat the participant due to a medical condition that will not change;
- A patient is referred first to an outpatient facility or ambulatory surgical center and denied treatment or care because their condition was too complex, and, after seeking an additional consult at an acute care Center of Excellence or hospital, the second Center of Excellence still cannot treat this member; or
- The participant commits an act of physical or verbal abuse or other threatening behavior to the staff of Carrum Health or a Center of Excellence.

A Center of Excellence may decline to treat a participant at its discretion, including for:

- Failure to identify a designated adult companion who is willing and able to meet caregiver requirements;
- Inability to safely travel to the Center of Excellence for medical care or requiring emergency care at the time of travel;
- Failure to follow preoperative and postoperative instructions;
- Failure to provide all required medical history, labs, and diagnostic tests;
- Failure to make lifestyle changes required by the Center of Excellence as a condition of obtaining the covered procedure (e.g., stop smoking or lose weight); or
- Committing an act of physical or verbal abuse or other threatening behavior to the staff of the Center of Excellence.

## Definitions

**Ambulatory Surgery Center:** A specialized facility that is established, equipped, operated, and staffed primarily for performing surgical procedures and which fully meets one of the following two tests:

- It is licensed as an ambulatory surgical facility/center by the regulatory authority responsible for the licensing under the laws of the jurisdiction in which it is located; or

Where licensing is not required, it meets all the following requirements:

- It is operated under the supervision of a licensed physician who is devoting full time to supervision and permits a surgical procedure to be performed only by a duly qualified physician who, at the time the procedure is performed, is privileged to perform the procedure in at least one hospital in the area.
- It requires in all cases, except those requiring only local infiltration anesthetics, that a licensed anesthesiologist administer the anesthetic or supervise an anesthetist who is administering the anesthetic, and that the anesthesiologist or anesthetist remain present throughout the surgical procedure.
- It provides at least one operating room and at least one post-anesthesia recovery room
- It is equipped to perform diagnostic x-ray and laboratory examinations or has an arrangement to obtain these services.
- It has trained personnel and necessary equipment to handle emergency situations.
- It has immediate access to a blood bank or blood supplies.
- It provides the full-time services of one or more registered graduate nurses (RNs) for patient care in the operating rooms and in the post-anesthesia recovery room; and
- It maintains an adequate medical record for each patient, which contains an admitting diagnosis (including, for all patients except those undergoing a procedure under local anesthesia, a preoperative examination report, medical history, and laboratory tests and/or x-rays), an operative report and a discharge summary.

An ambulatory surgical facility/center that is part of a hospital, as defined in this section, will be considered an ambulatory surgical facility/center for the purposes of this Plan.

**Centers of Excellence:** Specialized providers that have assembled experts and resources focused on particular medical procedures to deliver high-quality treatment in a comprehensive fashion.

**Coinsurance:** That portion of Eligible Medical Expenses for which the covered person has financial responsibility. In most instances, the covered individual is responsible for paying a percentage of covered medical expenses more than the Plan's Deductible. The Coinsurance varies depending on whether In-Network or Out-of-Network providers are used.

**Coordination of Benefits (COB):** The rules and procedures applicable to the determination of how Plan benefits are payable when a person is covered by two or more health care plans.

**Copayment, Copay:** The fixed dollar amount you are responsible for paying when you incur an eligible medical expense for certain services, generally those provided by network health care practitioners, hospitals (or emergency rooms of hospitals), or health care facilities. This can be in addition to Coinsurance amounts due on the same incurred charges. Copayments are limited to certain benefits under this program.

**Cost Sharing:** The amount a participant or beneficiary is responsible for paying for a covered item or service under the terms of the plan. Cost sharing generally includes copayments, coinsurance, and amounts paid towards deductibles, but does not include amounts paid towards premiums, balance billing by non-PPO providers, or the cost of items or services that are not covered under the plan.

**Deductible:** The amount of eligible medical, prescription drug and dental expenses you are responsible for paying before the Plan begins to pay benefits. The dental Deductibles are discussed in the separate PPO Dental Master Plan Document.

**Out-of-Pocket Maximum:** The maximum amount of Coinsurance each covered person or family is responsible for paying during a Plan Year before the Coinsurance required by the Plan ceases to apply. When the Out-of-Pocket Maximum is reached, the Plan will pay 100% of eligible covered expenses for the remainder of the Plan Year. See the section on Out-of-Pocket Maximum in the Medical Expense Coverage section for details about what expenses do not count toward the Out-of-Pocket Maximum