

TRAVEL AND LODGING ASSISTANCE GUIDELINES

Your employer is providing you with Travel and Lodging assistance. Travel and Lodging assistance is only available for you or your eligible family member if you meet the qualifications for the benefit, including receiving care at an eligible Center of Excellence and the distance from your home address to the facility. Eligible expenses are reimbursed after the Expense Forms have been completed and submitted with the appropriate receipts.

Expenses eligible for coverage include:

- Lodging
- Transportation to and from the facility for evaluations, second opinions, transplant services and follow-up care
- Lifetime maximum of up to \$10,000.00

Lodging:

Lodging reimbursement is available on the days when the patient is receiving care at a COE. Proof of COE appointments for evaluations, second opinions and treatment must be submitted with the request for travel and lodging reimbursement.

- Up to \$50.00/day for the patient or the caregiver if the patient is in the hospital.
- Up to \$100.00/day for the patient and one caregiver. When a child is the patient, two persons may accompany the child.
- Lodging includes hotels, motels, subleases or rental of short-term or corporate apartments. Agreements for extended stay accommodations should be approved in advance by calling (800) 842-0843.

NOTE: Furniture and utilities included in the rental amount are covered. Non-covered items include but are not limited to:

- Deposits
- Utilities and furniture rental, when billed separate from the rent payment
- Phone calls, newspapers, movie rentals

Transportation:

Eligible expenses include:

- Automobile mileage is reimbursed at the standard IRS medical rate in effect at the date of service.
- Taxi fares are covered, all receipts must be submitted.

NOTE: Limos, car services, automobile rental and gas are not covered expenses.

- **Economy/Coach** airfare (Anything other than Economy or Coach airfare is NOT covered). A higher minimum mileage requirement from the COE may apply to the airfare benefit.
- Parking
- Trains
- Boat
- Bus
- Tolls

Special note: Ambulance transportation. If you require travel via air and/or ground ambulance to a facility, eligible expenses may be covered under your standard medical benefit. These expenses are not covered by your Travel and Lodging assistance. Therefore, if you expect to travel any part of your trip by air or ground ambulance, you are advised to call Members Services to verify coverage and to arrange prior authorization prior to your trip. Benefit plans may differ with respect to the medical necessity criteria for ground ambulance and/or air ambulance coverage. Not verifying and arranging coverage prior to travel could result in your incurring unexpected financial liability.

Please fill out the Travel and Lodging expense reimbursement claim with details of all receipts submitted and include the dates of your medical appointments at the approved Center of Excellence. Remember to save all your receipts for lodging and transportation. You may file a claim after each trip or several at one time. Make copies of all your receipts and the claim forms for your records. No exceptions can be made for lost receipts. Reimbursement will take approximately 6-8 weeks after all documentation is received.

Completion of the Travel and Lodging claim form does NOT guarantee payment.

If you have specific questions regarding the Travel and Lodging benefit, please call the Travel and Lodging office at (800) 842-0843 and leave a message. Your call will be returned within 48 business hours.

TRAVEL & LODGING EXPENSE REIMBURSEMENT FORM

Member ID #	Group #	Hospital Name		
Patient's Name (Please Print)		Patient Address (Please Print)	City	State Zip
Patient's Phone Number		Lodging Facility and Phone Number		
Traveling with a companion				
Yes			No	

Date of Expense	Travel				Lodging
	Auto Mileage*	Airplane	Bus, Subway, Train	Taxi, Tolls, Parking, etc.	
Estimated Total Expense Amounts	_____ miles	\$ _____	\$ _____	\$ _____	\$ _____

* Record actual number of ground miles driven from patient's home to the hospital and back home again. Mileage will be reimbursed at the IRS **MEDICAL** reimbursement rate when air travel is not being used. **NOTE:** Charges for automobile rental and gasoline are not eligible for reimbursement.

I certify that the services detailed above were received by eligible patient and/or companions		
Today's Date	Patient or Parent/Guardian Name (Please Print)	Patient or Parent/Guardian Signature

<p>Send to: Travel and Lodging P.O. Box 30758 Salt Lake City, UT 84130</p> <p>For all Travel and Lodging questions, call toll-free: (800) 842-0843.</p>	<p>How to Submit Your Claim:</p> <ul style="list-style-type: none"> Make copies of this form as needed. Keep one for an original copy. A copy of this form must be completed and included with each reimbursement request. Credit card receipts and bank statements are not acceptable in absence of original receipts. Receipts can be taped to a blank sheet of paper or submitted loose in an envelope. <u>Do not</u> highlight or circle covered items or cross off non-covered items on receipts. <u>Do not</u> tape over dates or amounts listed on a receipt. Cleaning supplies, personal items and/or miscellaneous items are not covered. Keep a copy of the entire claim for your records. Please submit claims within one year of date of service. <p>Remember to obtain receipts. Payment cannot be processed without original receipts. Completion of this form does not guarantee payment. Please allow 6-8 weeks for your reimbursement.</p> <p>Receipts may also be submitted online. Please visit the secure Travel and Lodge Portal at myuhc.com/travel-and-lodging and sign in using your HealthSafe ID® to submit expenses online.</p>
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