

AGC Health Benefit Trust - Alaska Chapter Medical Travel Reimbursement Program

As health care cost continue to increase, the Board of Trustees of the AGC Health Benefit Trust – Alaska and Washington Chapters have explored new and unique ways to reduce future increases to the amounts that employers or employees must pay in insurance premiums. In this regard, the Trustees have noticed that there are many medical procedures that can cost considerably less (with comparable or better quality) when done outside Alaska. These savings can result in reducing the size of many claims and ultimately stabilize or reduce the increase in premiums.

The Board of Trustees of the AGC Health Benefit Trust – Alaska Chapter has decided to offer participating employees and their dependents reimbursement for certain travel expenses incurred while traveling away from home if the travel is from Alaska to the lower 48 continental United States and the travel is primarily for inpatient medical care or outpatient surgeries.

Eligibility - To be eligible for this Travel Reimbursement Program, the employee or dependent that has incurred the travel expense must be a current plan member at the time the travel expenses were incurred, when the medical treatment is provided and at the time the claim is submitted for reimbursement.

Covered Expenses – Covered expenses under this Travel Reimbursement Program shall include the following:

1. **Transportation**: Amounts paid for transportation primarily for, and essential to, medical care. This includes:
 - Bus, train, or plane fares by a regularly scheduled commercial carrier from the employee's place of residence to the city where the treatment is provided. The plan will cover the cost of documented travel expenses, not exceeding the cost of coach class commercial air transportation between the major airport nearest to the member's residence and the major airport nearest to the location the treatment was provided;
 - Taxi fares;
 - Transportation expenses of a parent who must go with a child who needs medical care;
 - Transportation expenses of a spouse, nurse or other person who can give injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone;
 - Transportation expense for regular visits to see a mentally ill dependent, if these visits are recommended as a part of treatment; and
 - Parking fees and tolls.

2. **Lodging**: The cost of lodging not at a hospital or similar institution not to exceed \$250 per night, for the patient and the person traveling with the patient, if unable to travel alone. This expense is reimbursable if:

- The lodging is primarily for and essential to medical treatment,
- The medical care is provided by a doctor in a licensed hospital or in a medical care facility related to, or the equivalent of, a licensed hospital,
- The lodging isn't lavish or extravagant under the circumstances, and
There is no significant element of personal pleasure, recreation, or vacation in the travel away from home.

3. Per Diem: In addition to the foregoing, for everyday of medically necessary travel, you are eligible for reimbursement of incidental travel related expenses up to the per diem amount of \$75.

Exclusions – The following are not included in this Travel Reimbursement Program:

- Vacations of any sort or travel where the primary purpose is not for inpatient medical treatment or outpatient surgery;
- Trips or vacations taken for a change in environment, improvement of morale, or general improvement of health even if the trip is made on the advice of a doctor.
- Travel insurance, luggage fees, meals, flowers, souvenirs, or any other items incidental to the travel;
- Transportation on a non-regularly scheduled commercial carrier;
- Travel for treatment in Hawaii or a country or territory outside the continental United States;
- First class airfare; and
- Travel expenses for which the member was not responsible to pay or which were not actually incurred (airfare purchased using frequent flyer miles, donated lodging, etc...).

Claims Procedure – The following rules apply for requesting reimbursement for travel expense:

- a. All travel expenses must be actually incurred and paid out of pocket. Benefit will not be advanced prior to the date of travel.
- b. After the travel is completed and the medical expenses have been incurred, the member that incurred covered travel expenses may request a Travel Reimbursement claim form from the Trust's Administration Office.
- c. The claim form should be completed and returned to the Trust Administration Office along with the following documentation:
 - An explanation of benefits, signed doctor or treatment notes, or medical bill showing the dates of service for the medical treatment and the location of the medical treatment; and
 - Itineraries, invoices and receipts showing the amounts incurred for which reimbursement is being sought.

Incomplete claim forms or claims with insufficient supporting documentation will be denied.

- d. Once a completed claim is submitted, the Trust Administration Office will review the claim and make a determination whether the claim satisfies the criteria for reimbursement, as set forth above. Following this determination the Trust Administration Office will issue a decision either approving or denying the claim, in whole or in part. If approved, the approval shall include the reimbursement amount. If denied, the denial shall set forth the reason for the denial.
- e. If a claim is denied, the participant may appeal to the Trust's Board of Trustees pursuant to the Trust's appeal procedure set forth in the Trust's Summary Plan Description. An appeal must be submitted within 180 days of the date of the denial.
- f. Participants may contact the Administrative Office to precertify travel benefits.