



AlaskaCare Employee Travel Frequently Asked Questions

To submit your travel claim, please provide the following:

- Medical Benefit Request form (Aetna claim form)
- Precertification acknowledgment letter
- Boarding passes and passenger receipts
- Proof of expense, such as a receipt or bank statement showing the itemized cost of travel
- Any other supporting documentation you would like to provide



Please mail your documents to:

Aetna
P.O. Box 14079
Lexington, KY 40512-4079

Or fax them to:

(859) 455-8650

Please reference the AlaskaCare Employee Insurance Information Booklet, § 3.5.24, Travel.

The booklet can be found online at drb.alaska.gov/employee/healthplans.html#booklets.

Please note, for non-emergent surgery coverage:

If you are traveling for surgery, SurgeryPlus offers a supplemental benefit to your medical plan with access to a top-tier network of specialized surgeons. It also provides you with a personal assistant to handle the logistics of planning for surgery and travel.

The SurgeryPlus member care advocate will:

- walk you through the steps to receive the surgery you need;
- verify if you need pre-authorization or precertification;
- schedule consultations with you and a Surgeon of Excellence;
- verify and collect any required deductible amount;
- coordinate all the travel logistics; and
- provide post-surgery follow-up.

Contact them today at (855) 715-1680, alaska.surgeryplus.com.

Before You Travel

General Reminder: *Travel is only a benefit under the medical plan and all plan provisions, including deductible and coinsurance, apply to travel benefits.*

1. Do I need to precertify my trip for medical services?

- ✔ Yes. If you do not or are unable to precertify your travel, your claim for reimbursement will be assessed to allow up to \$500.

Members who are traveling for surgery that is available in their local area, but is less expensive elsewhere, should refer to the *AlaskaCare Employee Insurance Information Booklet, § 3.5.24.2. Surgery or Diagnostic Procedures In Other Locations* for exceptions to the precertification requirement.

2. What information do I need when I call to precertify my travel?

The following information will be needed for travel precertification:

- Appointment date
- Dates of travel
- Departing and destination cities
- Medical condition you are seeking travel for

3. How does the plan define treatment for purposes of travel benefits?

Treatment is a service or procedure which is medically necessary to correct or alleviate a condition or specific symptoms of an illness or injury. Obtaining a prescription from a doctor you are seeing during the trip is also considered treatment. Treatment does not include any diagnostic or evaluative tests or procedures or visits to monitor or manage a condition.

4. The request is for my child under 18. Does the plan have a travel benefit for a parent or legal guardian to travel?

Yes. If the patient is a child under 18 years of age, there is a travel benefit for a parent or legal guardian. This adult does not have to be covered by the plan but must be the parent or legal guardian.

5. My doctor says that I don't need a medical professional; but recommends that I have help to travel. Are a non-medical attendant's expenses covered? (A non-medical attendant is a person who assists a patient who is incapable of traveling alone.)

No. Travel expenses for a non-medical attendant are not a plan benefit.

6. Can I use my miles to purchase tickets?

No. Travel does not include reimbursement of airline miles used to obtain tickets.

7. I need to stay multiple days. Are my lodging and other expenses covered?

No. Travel does not include the cost of lodging, food, or local ground transportation such as airport shuttles, taxicabs, or car rental for stays in the location you are receiving treatment.

8. During my travel my doctor required that I stay longer. Does the plan cover the change fee for my ticket?

Yes. You must submit the following additional information with the claim for the change fee to be considered for reimbursement:

- Proof of expense, such as a receipt or bank statement that shows the cost of change fee assessed.
- Proof of medical need to extend your stay, such as a written note from your doctor.

9. I am using ground transportation to get to my destination. What will be reimbursed?

Per diem applies when treatment is more than 100 miles from your home as follows:

- For a day trip that does not require overnight lodging to reach your destination for medical care not available locally, a day rate of \$51 may be reimbursed.
- For a trip that requires overnight lodging en route to reach your destination for medical care not available locally, a daily rate of \$89 may be reimbursed.
- For a trip that requires overnight lodging, the plan pays an additional \$31 day rate for a parent or legal guardian traveling with a minor.
- All plan provisions including deductible and coinsurance apply.

10. I am taking the ferry to get to my destination. Is my vehicle fee from the ferry reimbursable?

No. The ferry vehicle fee is not covered.

11. If I travel by ferry to my destination. What will be reimbursed?

The passenger fare of only the eligible person is reimbursable (except for a parent or guardian accompanying a minor). In addition to this:

- For a day trip that does not require overnight lodging to reach your destination for medical care not available locally, a day rate of \$51 may be reimbursed.

Question 11 continued

- For a ferry trip that requires overnight lodging en route to reach your destination for medical care not available locally, a daily rate of \$89 may be reimbursed.
- For a trip that requires overnight lodging, the plan pays an additional \$31 day rate for a parent or legal guardian traveling with a minor.
- All plan provisions including deductible and coinsurance apply.

12. I am not sure what services the doctor is going to provide, but I need to travel to this specialist for my health concern/diagnosis/condition. Will this affect my precertification?

- ✘ No. Please review your benefits before you travel. If you have questions regarding coverage, please contact the Aetna AlaskaCare concierge. Upon receipt of your travel claim submission, Aetna will review the claims from your visit and verify that treatment or diagnostics which are not available locally were provided. For the plan definitions of treatment, refer to *question 3*.

13. Is there a maximum number of times I can travel per benefit year?

- ✔ Yes. Travel benefits for treatment that is not available locally are limited during each benefit year:
 - One visit and one follow-up visit for each condition requiring therapeutic treatment
 - One visit for prenatal or postnatal maternity care and one visit for the actual maternity delivery
 - One presurgical or postsurgical visit and one visit for the surgical procedure
 - Second surgical opinions which cannot be obtained locally (this will count as a presurgical trip)
 - One visit for each allergic condition
 - One visit for diagnostics which are not available locally

14. I want to get a second surgical opinion, but there isn't a provider in my location.

Travel is covered if you require a second surgical opinion which cannot be obtained where you are currently located. This will count as a presurgical trip.

15. My service is available locally or at a closer location, but it's cheaper in the location that I'm requesting. Is travel covered if it's cheaper?

If your service is a surgery or diagnostic procedure, travel is covered if the surgery is provided less expensively in another location.

- The travel reimbursement cannot exceed the cost savings.
- Precertification is not required in this circumstance.

16. I am traveling outside of the United States. Will my travel expenses be covered?

- ✘ No. The medical plan only provides a travel benefit within the contiguous limits of the United States, Alaska, and Hawaii.

Concerning Your Precertification Acknowledgement Letter

1. My letter for my claim submission is lost or misplaced. What do I do?

Please call the Aetna AlaskaCare concierge. You should verify your address and request another copy.

2. My coverage has been denied for the maximum benefit for the condition I requested, but I'm going for multiple conditions. How can I verify which condition has reached its maximum?

You can confirm your maximum benefit and find out more details by calling the Aetna AlaskaCare Concierge at (855) 784-8646, TDD: (800) 628-3323.

Your Travel Claim

1. My claim was denied. What are my next steps if I disagree with this determination?

You may appeal. Please see *AlaskaCare Employee Insurance Information Booklet* for information regarding appeals.

2. My travel was allowable under the medical plan. Why was only a portion reimbursed?

It may be because:

- Travel for medical care is a benefit under the medical plan. All AlaskaCare Employee Health plan provisions, including the deductible and coinsurance, apply to travel expenses.
- The allowable amount is capped. The plan will consider round-trip transportation, not exceeding the cost of coach class commercial air transportation, from site of the illness or injury to the nearest professional treatment (also applies to ground transportation). If you traveled beyond the nearest professional treatment, the claim will still be considered, but will be limited to the estimated travel benefit to the nearest location.

The estimated travel benefit will be determined when the precertification request is received. It may be acquired from such vendors as Alaska Airlines, Delta Airlines, Frontier Airlines, or other private vendors. The estimation will be for the same dates of travel provided at the time of precertification. If none are given, they will be assessed using the day prior to the date of service. If for any reason the precertification is processed after the request and dates of travel, the estimation will be calculated by utilizing the number of days between the date of precertification request and date of travel.

3. My claim was denied because the services rendered are available locally. How can I find out who the local provider is and the information that was used to come to this determination?

You can find out more about your precertification details by calling the Aetna AlaskaCare Concierge at (855) 784-8646, TDD: (800) 628-3323.

4. My claim was denied for the maximum benefit for the condition I requested, but I went for multiple conditions. How can I verify which condition has reached its maximum?

You can confirm your maximum benefit and find out more details by calling the Aetna AlaskaCare Concierge at (855) 784-8646, TDD: (800) 628-3323

5. My travel claim was denied for services rendered not covered by the medical plan. What does that mean?

Travel benefits are only available for benefits covered under the AlaskaCare medical plan. There are no travel benefits for services covered by the audio, dental, or vision plans.

AlaskaCare Member Service Center

Hours: Monday-Thursday 8:30 a.m. - 4 p.m. | Friday 8:30 a.m. - 3 p.m.

Toll-Free: (800) 821-2251 | In Juneau: (907) 465-4460

Fax: (907) 465-4668 | TDD: (907) 465-2805

AlaskaCare.gov | doa.drb.mscc@alaska.gov

AlaskaCare Aetna Concierge

Hours: Monday-Friday 7 a.m. - 6 p.m.

Toll-Free: (855) 784-8646 | TDD: (800) 628-3323 | Fax: (859) 455-8650

Aetna.com

