



Retiree Travel FAQs

To submit your travel claim, please provide the following:

- Medical Benefit Request Form (claim form)
- Precertification Acknowledgment Letter
- Boarding Passes and Passenger Receipts
- Proof of expense such as a receipt or bank statement that shows the itemized cost of travel
- Any other supporting documentation you would like to provide

Fax to:
1-859-455-8650

OR Mail to:
Aetna
PO Box 14079
Lexington, KY 40512-4079

Please reference the AlaskaCare Retiree Health Plan, § Travel/41-44

Before You Travel:

General Reminder: Travel is a benefit under the Medical Plan and therefore the deductible and coinsurance cost-sharing provisions do apply to travel expenses.

1) Do I need to precertify my trip for medical treatment?

A: Yes*.

*For members traveling for SURGERY THAT **IS** AVAILABLE IN YOUR LOCAL AREA, but is less expensive elsewhere, refer to the *AlaskaCare Retiree Health Plan, § Travel, Surgery in Other Locations/44* for exceptions.

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

A: 1) Appointment date 2) Dates of travel 3) Referring and rendering providers names and facilities 4) Medical condition you are seeking travel for.

3) How does the plan define “treatment” for purposes of travel benefits?

A: “Treatment is defined as a service or procedure, including a new prescription, which is medically necessary to correct or alleviate a condition or specific symptoms of an illness or injury. It does not include any diagnostic procedures or follow-up visits to monitor a condition”.

4) The request is for my child under 18, does the plan pay for a companion to travel?

A: Yes.

“If the patient is a child under 18 years of age, a parent or legal guardian’s travel charges are allowed.” This adult does not have to be covered by the plan, but must be the parent or legal guardian.

5) My doctor does not want me to travel alone, are a companion’s expenses covered?

A: No*.

*However, when authorized by **Aetna**, travel charges for a **physician** or a registered nurse are covered”. Otherwise, except for children under 18 years of age, companion expenses are **not** covered.

6) Can I use my miles to purchase tickets?

A: No.

“Travel does not include reimbursement of airline miles to purchase tickets”.

7) I need to stay multiple days, is my lodging and other expenses covered?

A: No.

“Travel does not include reimbursement of the cost of lodging, food, or local ground transportation such as airport shuttles, cabs, 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?

A: Yes

In order for us to consider the change fee, with your claim additionally submit:

- 1) Proof of expense such as a receipt or bank statement that shows the cost of change fee assessed.
- 2) 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:

a. What will be reimbursed?

A: Per Diem Applies As Follows:

For a day trip that does not require overnight lodging to reach your destination for medical care not available locally, \$31.00 will be reimbursed for food and gas. Receipts required.

For a trip that requires overnight lodging to reach your destination for medical care not available locally, \$80.00 will be reimbursed for lodging. Lodging at or nearby the treatment destination is not covered. Gas and food will be reimbursed for the receipted amount for travel to the destination. Receipts required.

10) I am taking the ferry to get to my destination:

a. Is my vehicle fee from the ferry reimbursable?

A: No.

b. What will be reimbursed?

A: The passenger fare of only the eligible person is reimbursable. In addition to this:

For a day trip that does not require overnight lodging to reach your destination for medical care not available locally, \$31.00 will be reimbursed for food and gas. Receipts required.

For a trip that requires overnight lodging en route to reach your destination for medical care not available locally, \$80.00 will be reimbursed for lodging such as berth fees. Gas and food will be reimbursed for the receipted amount for travel to the destination. Receipts required.

11) 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?

A:No.. Please review your benefits before you travel. If you have questions regarding coverage, please contact the AlaskaCare concierge. Upon receipt of your travel claim submission, Aetna will review with the claims from your visit and verify that treatment was provided that is not available locally.

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

A: “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”.

13) 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?

A: Is your service a surgery?

YES: "Travel is covered if you have surgery which is provided less expensively in another location".

- Only airfare is reimbursable.
- The reimbursement cannot exceed the cost difference of the medical services in the two locations.
- Precertification is not required in this circumstance.

Please contact the Aetna AlaskaCare Concierge at (855) 784-8646 to obtain a Retiree Side by Side Comparison worksheet or for further assistance.

NO: "Travel is only covered for you to receive treatment which is not available in the area you are currently located in".

14) Is there a maximum number of times I can travel per benefit year?

A: Yes.

"Benefits for travel to receive treatment which is not available locally are limited during each benefit year to:

- 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 pre-surgical **or** post-surgical 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".

15) I am traveling outside of the United States; will my travel expenses be covered?

A: No.

"The Medical Plan pays travel and ambulance costs 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?

A: Please call the Aetna AlaskaCare concierge. You will want to verify your address and request another copy.

2) If coverage is denied for the maximum benefit for the condition I requested, but I'm going for multiple conditions; how can I verify what condition has reached its maximum?

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

Your Travel Claim:

1) My claim was denied, what are my next steps if I disagree with this determination?

A: You may appeal. Please see AlaskaCare Retiree Health Plan Amendment No. 2014-1 for information regarding Appeals.

2) My travel was allowable under the medical plan, but only a portion was reimbursed, why is that?

A: It may be because: Travel is a benefit under the Medical Plan and therefore the deductible and coinsurance cost sharing does apply to travel expenses.

And/or it may be because: 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, we will still consider the claim, but compare it to this estimation.

This estimation will be derived at the receipt of precertification request. It may be acquired from vendors such as AlaskaAirlines, Delta, Frontier, Alaska Marine Highway System, 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 “services to be rendered are available locally” how can I find out the local provider and the information that was used to come to this determination?

A: You can find out more about your precertification details by calling the Aetna AlaskaCare Concierge at (855) 784-8646

4) If my claim was denied for the maximum benefit for the condition I requested, but went for multiple conditions; how can I verify what condition has reached its maximum?

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

5) My travel claim was denied for “services to be rendered not covered by the medical plan” what does that mean?

A: “Travel benefits apply only to the conditions covered under the Medical Plan. They do not apply to the audio, dental, or vision plans”.

Resources:

Aetna AlaskaCare Concierge
(855) 784-8646

AlaskaCare Website

<http://doa.alaska.gov/drb/alaskacare/>

Retiree Health Plan Amendment

<http://doa.alaska.gov/drb/pdf/ghlb/retiree/retireePlanAmendment12312013.pdf#zoom=100>

Retiree Health PlanBooklet

http://doa.alaska.gov/drb/pdf/ghlb/retiree/Retiree_Insurance_Booklet_2003_2012update.pdf