ALASKA ELECTRICAL HEALTH & WELFARE PLAN
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Cost Comparison for Medical Services

Please use this form to summarize the savings you will generate by having your procedure done at a non-local PO facility and/or a non-local PO provider. For each line of charges below, you will need to provide documentation from all facilities/ providers the amounts they will charge (both local and non-local). These will be reviewed by the Administrative Office and a determination will be made on your request.

Procedure to be performed (include CPT codes)			
Local Charges	$	Non-Local Charges	$
Hospital/provider	$	PPO Hospital/Provider	$
Office Visit	$	Office Visit	$
Physician/Surgeon	$	Physician/Surgeon	$
Facility	$	Facility charges	$
Anesthesia	$	Anesthesia	$
		Round Trip Airfare	$
		Round Trip Companion	$
		*Daily Per Diem ($50)	$
Total Charges	**$**	**Total Charges**	**$**

* Must provide receipts.

Is it necessary to travel for follow-up? ☐ Yes ☐ No

Can follow up be done locally? ☐ Yes ☐ No

Approved Services:

Colonoscopy	Dye CT Scan	Varicose Vein Treatment	MRI
Neurology	Vasectomy	Non-routine eye care	