ALASKA ELECTRICAL HEALTH & WELFARE PLAN
701 E. Tudor, Suite 200
Anchorage, AK 99503
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(907) 276-1246
Toll Free: (800) 478-1246

Travel Reimbursement Checklist

Please use this checklist when requesting reimbursement for travel expenses and submitting proper documentation.

Non-Emergency transportation for you or your eligible Dependents will be covered only if the condition cannot be treated locally (within 100 miles from your home). Covered charges for Non-Emergency Transportation will include air or surface transportation by a regularly scheduled commercial carrier to the nearest facility able to treat the condition. The plan will pay the actual cost of documented travel expenses, not exceeding the cost of coach class commercial air transportation, from the site of the Illness or Injury to the nearest professional treatment.

No travel benefits will be payable for: (1) Dental or Vision Services; or (2) Food, Lodging, Ground Transportation or Transportation paid for with airline miles.

PARTICIPANT INFORMATION

Medical ID# _____ Contact Phone _____

Patient's Name _____

☐ **LETTER OF MEDICAL NECESSITY** that must include the following:

- Name and contact information with a signature of the referring physician.
- Dates of travel.
- The medical reason for travel with affirmation from the referring physician that it cannot be performed local (within 100 miles of your home.)
    - Diagnosis or illness
    - Specialty Doctors name or facility

☐ **ITINERARY** from the airlines showing expected travel dates and the cost of airfare.

☐ **BOARDING PASSES** or other proof of travel.

_____ **# of Days X $50 per day per diem** (per person.)

*****Benefits for an accompanying adult it the patient is over 18 will require a Letter of Medical Necessity stating why the patient needed an Escort.*****

If you have further questions about Travel Benefits, please call the Administrative Office.

In order to receive payment for your claims, you must maintain a current Annual Medical/Dental Update form for you and each of your eligible Dependents. If you or your dependent have other coverage that is primary, please be sure to also attach a copy of the Primary Insurance Explanation of Benefits.

Allow up to 30 days for processing.