

Travel expenses incurred in connection with a pre-approved transplant are covered up to \$10,000 per lifetime.
Definition of per diem: Paid by the day.

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| Patient (Member) | <p>Reimbursement for lodging:</p> <ul style="list-style-type: none"> Up to the per diem rate for lodging specified by the U.S. General Service Administration (GSA) for the applicable location; OR Rate set by available lodging at American Cancer Society Hope Lodge or other transplant facility lodging resources, whichever is less. <p>Rates are available at www.gsa.gov.</p> <ul style="list-style-type: none"> Published effective dates are from October to September per calendar year. Click on <i>Per Diem Rates</i> (under <i>Most Requested Links</i>). Search by either city/state or zip code and click <i>Find Per Diem Rates</i>. A grid with the corresponding per diem rate is displayed. |
| Companion | Travel expenses include coverage for one companion to accompany the patient (reimbursed as outlined above). Patients who are minors are allowed travel benefits for themselves, one or both parents, or a parent and a designated companion. A companion may be a spouse, family member, legal guardian, or any person not related to the member, but actively involved in the member's care. |
| Non-Medically Necessary Mileage and Airfare | Applies to the patient traveling to and from home and the approved transplant facility. This includes charges for a rental car used during the period of care at the transplant facility. Mileage is calculated by using the amount the Internal Revenue Service has established for medical mileage. Non-medically necessary airfare will be reimbursed at coach rate. |
| Meals | Meals are reimbursed at a per diem rate while at or traveling to and from the transplant facility. The rate is specified by the GSA for the applicable location. Rates are available at www.gsa.gov . |
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| Benefit Eligibility | Members are eligible when traveling more than 60 miles to obtain care related to an approved transplant. |
| Lodging Eligibility | Lodging is an eligible expense only when staying at the facility or nearby. This includes stays at nearby apartments, hotels, or motels. It is not an eligible expense if staying with family or friends. |
| Exclusions | Non-covered expenses include, but are not limited to: laundry bills, telephone bills, alcohol or tobacco products, other personal items, or charges for transportation that exceed coach rates. |
| Receipts | Receipts are REQUIRED for lodging, car rental, and air transportation. Receipts are not required for car mileage or meals. Meals are paid on a per diem rate based on the applicable location. |
| Procedure for Claims Submission | <ul style="list-style-type: none"> Complete the NMHC Transplant Travel Benefit Reimbursement Request Form, available at www.mynmhc.org/forms-2.aspx. Attach all applicable receipts. Mail to the address listed on the MNHC Transplant Travel Benefit Reimbursement Form. Incomplete forms may result in payment delay. Be sure to keep a personal copy of the form and receipts. |
| Timely Claim Submission | Travel receipts must be submitted within 365 days (1 year) from the date of service. |
| Questions? | Call 1-844-691-9984, Monday-Friday, 8:00-4:30 MST. TTY/TDD users, call 711. |