

TRANSPLANT TRAVEL AND LODGING REIMBURSEMENT POLICY

Travel and Lodging associated with a Blue Cross & Blue Shield of Mississippi (“Company”) designated solid organ(s) transplant or bone marrow transplant is covered in accordance with the Member’s Benefit Plan and as outlined in this Travel and Lodging Reimbursement Policy (“Policy”).

POLICY STATEMENT

Travel and Lodging expenses noted in this Policy are covered Benefits only when associated with designated Covered Services at Company designated facilities for the following specified organ transplantation services:

- Renal
- Heart/Lung
- Liver
- Bone Marrow
- Other organ transplant procedures the Company determines to be effective procedures through Medical Policy in effect at the time the services were rendered

REIMBURSABLE EXPENSES

- Travel and Lodging Reimbursement is limited to the Transplant Episode of Care
- Travel and Lodging expenses after the Transplant Episode of Care do not qualify as a Covered Benefit under this Policy
- Travel and Lodging expenses are limited to \$200 per day cumulative for the Member and approved companion(s) and, if the transplant involves a living donor, \$200 per day cumulative for the living donor and approved companion(s) (excluding airfare) with an aggregate limit for the Member, living donor and approved companion(s) of \$10,000 per Covered transplant Episode of Care
- Applies to the Member, living donor and covered companion (two companions, if the Member is under the age of 21 or if the transplant involves a living donor)
- Designated facility location criteria must be met:
 - For residents of Mississippi, the Company designated facility is located outside the State of Mississippi and is more than 50 miles from the Member’s home
 - For non-Mississippi residents, the Company designated facility is located more than 50 miles from the Member’s home
- Automobile mileage will be reimbursed at the IRS-medical mile approved rate in effect on the date of travel, which can be found at www.irs.gov, traveling to and from the primary residence and the Company designated facility up to a total of four days as well as daily mileage to and from the temporary lodging and the Company designated facility. Mileage for daily travel will be calculated based on the addresses of the designated facility and the temporary lodging. Mileage is available only for personal vehicle use. (Any additional miles during the stay are ineligible.)
- Lodging includes hotels, motels, apartments and short-term home rental. Lodging is not a reimbursable expense if staying with family or friends in the area.
- Covered Lodging expenses will be reimbursed but are subject to the total Travel and Lodging maximum daily rate of \$200.
- Airfare reimbursement is limited to coach or economy fares and one round trip per Episode of Care.
- Receipts are required to be submitted for airfare, rail, bus and lodging only through the completion of the Travel and Lodging Reimbursement form for Approved Transplant Related Expenses. The

Travel and Lodging Reimbursement Form can be obtained by contacting Customer Service at 601-664-4590 or 800-942-0278.

EPISODE OF CARE

The Episode of Care includes the pre-transplant evaluation and the actual transplantation period. The actual transplant period begins five days prior to the transplant and ends when the Member returns to their primary residence after discharge from the Company designated facility.

MEMBER COST SHARING

- Member cost-sharing responsibilities (copayments and coinsurance) do not apply to covered Travel and Lodging expenses. If a Member elects to incur a non-covered expense, he or she is responsible for the entire charge associated with that service.

MEMBER REIMBURSEMENT

To be reimbursed for covered Travel and Lodging expenses, the Member must qualify and obtain prior authorization from the Company. To begin the reimbursement and pre-approval process, contact Customer Service at 601-664-4590 or 800-942-0278 and have the following information available:

- Member name
- Member I.D. number
- Member date of birth
- Member address
- Companion(s) name, address and relationship
- The street addresses (no P.O. boxes) of the Member's primary residence, temporary lodging and Company designated facility. Street addresses are necessary to permit calculations for mileage reimbursement (applies to personal vehicle use only). The Member's primary residence (or acute or extended care facility, if applicable) and the temporary lodging addresses will be used as the starting location when calculating mileage to and from the Company designated transplant facility.

All requests for reimbursement of Travel and Lodging expenses, along with required receipts, must be submitted within 90 days from the end of the Episode of Care using the Travel and Lodging Reimbursement Form obtained by contacting Customer Service.

EXCLUDED SERVICES

Items not directly related to Travel and Lodging expenses are not payable. They include, but are not limited to:

- Expenses for persons other than the patient and covered companion or caregiver (two persons, if the patient is under the age of 21 or the transplant involves a living donor)
- Meals for the patient and covered companion or caregiver (Note: meals for the patient during an inpatient hospital stay are covered as part of the inpatient hospital care.)
- Groceries
- Alcoholic beverages
- Car rental
- Car maintenance
- Gasoline
- Parking fees other than at the designated facility and hotel/motel
- Limousine service, taxi, Uber, Lyft and similar services and modes of transportation and valet parking

- Cards, stationery and stamps
- Clothing
- Dry cleaning and/or Laundry services
- Entertainment (wi-fi, game rental/purchase, books, magazines, movie rentals, etc.)
- Flowers
- Household products
- Household utilities, including wi-fi, cell phone charges, maid, babysitter or day care services
- Kennel fees
- Security deposits
- Personal hygiene items/Toiletries
- Gym/Spa
- Any service that is an additional charge to the room service (e.g. phone charges, movie/game rental, room service, etc.)
- Any service for which a legible paid receipt is not provided
- Any service not listed in this policy is excluded from reimbursement