

Your Blue Cross Blue Shield of Michigan or Blue Care Network health care coverage now includes a benefit for travel expenses for certain health care services when those services are not available within a defined distance of your current residence (your plan sponsor determines the distance requirement and the allowed maximum travel).

This benefit will pay for costs like travel and lodging, companion travel expenses and more when these expenses meet the criteria outlined below. This guide will help you understand your benefit and explain how to use it.

Contents

- [When can I use the travel benefit?](#)
- [Are there any requirements you must meet to use the travel benefit?](#)
- [What is paid for by the travel benefit?](#)
- [How does the travel benefit work?](#)
- [I have a high-deductible health plan, can I use the travel benefit?](#)
- [Are there any expenses not covered by the travel benefit?](#)
- [How do I get reimbursed for travel that has already occurred?](#)
- [What are my appeal rights?](#)

1. When can I use the travel benefit?

The travel benefit is available to you and your dependents covered under your Blue Cross or BCN plan when you or another person on your contract require have health care services for things like:

Procedure category	Description*
Behavioral health services	Services for the treatment of depression, anxiety, addiction and other behavioral health conditions
Cancer treatment	Use of various therapies to treat cancer (such as surgery and radiation)
Cardiac (heart-related) services	Diagnosis and treatment for people with heart conditions
Human organ transplant	Surgical removal of a healthy organ from one person and transplantation into another with a failing organ
Maternity/reproductive health services	Services related to fertility, pregnancy and family building
Musculoskeletal procedures	Procedures to treat musculoskeletal issues such as those with the hip, knee and spine
Pregnancy termination	Services involved with the termination of a pregnancy
Rare condition treatment	Treatment for conditions that affect a small percentage of the population – like hemophilia or sickle cell anemia
Gender affirmation care	Surgical and non-surgical services to support gender affirmation
Weight reduction/bariatric procedures	Gastric bypass and other weight loss surgeries

***NOTE: The services that are available for your travel benefit are selected by your plan sponsor. Reimbursement for certain travel services may not be permissible due to state laws. Call the customer service number on the back of your ID card to find out which services you can use the travel benefit for.**

Your plan sponsor has chosen a minimum distance that you must travel to use this benefit. We will transport the member from the place where they currently reside and return them to the same location after the medical procedure. To find out how many miles you would need to travel to use the travel concierge, call the number on the back of your ID card.

[Back to top](#)

2. Are there any requirements you must meet to use the travel benefit?

Yes, the requirements are listed below:

- The service that you are traveling for must be covered by your health plan.
- There is no health care provider within the minimum distance who can perform the service.
- Call the customer service number on the back of your ID card to get approval to use the travel benefit.

- You need to receive services from a participating provider. To find a participating provider, you can use our Find-A-Doctor tool through your member account at **bcbsm.com** or on our mobile app. Our team can also help you – *see question No. 4 about how the travel benefit works.*

[Back to top](#)

3. What is paid for by the travel benefit?

This is what your travel benefit will pay for if all the requirements are met, and your travel is approved:

- Round-trip air (commercial coach class tickets), train, bus, taxi/ridesharing services, or economy class car rental costs between your home and the approved location for the services.
- Mileage (amount reimbursed will be based on current IRS guidance) tolls and parking.
 - Mileage is reimbursed if you use your own car.
 - You can get reimbursed for gas if you use an economy class rental car.
 - **NOTE:** Keep your itemized receipts! You will need to submit them for reimbursement. Approved expenses will be paid within 30 days.
- Lodging (hotels, motels, etc.)
 - **NOTE:** Limited to \$50 per approved traveler per night based on IRS guidelines. You will be responsible for any costs over \$50 per person per night.
- Travel coverage for one adult companion (two adult companions if the member undergoing services is a child under the age of 18 or a disabled adult dependent) if their presence is necessary for you to receive the covered services.

Important notes about your travel benefit:

- You must submit ALL itemized receipts in the event you're asking for reimbursement for a medical travel event that has already occurred, or if you have a high-deductible health plan.
- Your plan sponsor has selected either a per trip, annual, or lifetime dollar limit for travel cost reimbursements. Travel reimbursement will only be provided up to the established limit.
- For more information about the trip, annual, or lifetime travel limit your plan sponsor will reimburse, call the customer service number on the back of your ID card.

[Back to top](#)

4. How does the travel benefit work?

The program is designed to assist you and your covered dependents in traveling to the nearest participating provider to receive a covered service.

Here's how it works:

- Call the customer service number on the back of your ID card to see if the service you need is eligible for the travel benefit.
- Your customer service representative will connect you with the travel concierge.
- Our team will help you identify participating providers who can perform your service.
- You will receive a call from your travel concierge.
- The travel concierge will help you understand what expenses are covered, how to get reimbursed for covered expenses and any estimated costs you may have to cover on your own.

- They will also help arrange your air travel and lodging (if needed).
- You will need to submit itemized receipts for some expenses (like tolls and parking). Your travel concierge will give you an email address where you should send copies of those receipts.

NOTE: To receive coverage for travel expenses, the travel must be related to an eligible medical or behavioral health service that is covered by your plan. When you call Blue Cross customer service and request approval for travel or submit receipts for reimbursement, you are attesting to the fact that the travel was necessary to obtain the eligible covered services.

[Back to top](#)

5. I have a high-deductible health plan, can I use the travel benefit?

Yes, but there are some things to note if you have a health savings account-qualified high deductible health plan. Since travel for medical purposes is treated as a covered medical benefit, you will need to meet your health plan deductible for the year before the plan pays for your medical travel.

If you use the benefit *before* you meet your deductible, travel expenses will go toward your deductible and out-of-pocket maximum (subject to IRS limits) as long as you submit approved expenses through the travel concierge. You will be responsible for these out-of-pocket expenses. If you have already met your deductible, then the approved costs will be paid by your travel benefit (up to IRS and employer maximum dollar limits). Coinsurance will not be applied to travel benefits after the deductible is met.

[Back to top](#)

6. Are there any expenses not covered by the travel benefit?

Yes, due to IRS regulations, there may be some expenses related to your travel that cannot be reimbursed. These include (but aren't limited to):

Meals, alcoholic beverages, tobacco, reimbursement of food stamps	Flowers, toys, gifts, greeting cards, souvenirs, stationery, stamps, mail/UPS services	Internet connection, and entertainment (such as cable television, books, magazines and movie rentals)	Mortgage or rent payments	Tips/ gratuities
Car maintenance and depreciation	Telephone calls	Kennel fees	Charges for hospital or facility services not covered (e.g., private room)	Taxes
Clothing, personal care items (such as toiletries)	Household products	Lost wages	Security deposits, cash advances	Lodging in any location other than hotel or motel

Dry cleaning or laundry services	Household utilities (including cellular telephones)	Maids, babysitters or day care services	Services provided by family members	Expenses for persons other than the member and covered companion
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[Back to top](#)

7. How do I get reimbursed for medical travel that has already occurred?

You can be reimbursed for past medical travel, as long as it meets these requirements and occurred during a time when your employer covered this benefit. To be reimbursed, make sure you follow these instructions:

- Keep all itemized receipts for your expenses during your trip.
- Call the customer service number on the back of your ID card.
- Your Blue Cross customer service representative will provide you with reimbursement instructions based on your current situation.
- You will need to turn in your itemized receipts for expenses from your trip.

[Back to top](#)

8. What are my appeal rights?

Your appeal rights for the travel benefit are the same as for any other covered benefit. Please see your certificate or member handbook for more information on appeals. Basic instructions for submitting an appeal are also listed below.

To request an internal appeal when you disagree with a decision, you will need to contact us in writing no more than 180 days after you receive your explanation of benefits. Where you send your appeal depends on whether your coverage is with Blue Cross Blue Shield of Michigan or Blue Care Network.

<p>If your coverage is with Blue Cross Blue Shield of Michigan, send your appeal to:</p>	<p>If your coverage is with Blue Care Network, send your appeal to:</p>
<p><i>Appeals, Mail Code 1620</i></p> <p><i>Blue Cross Blue Shield of Michigan</i></p> <p><i>600 E. Lafayette Blvd.</i></p> <p><i>Detroit, MI 48226-2998</i></p> <p><i>Fax: 1-877-522-4767</i></p>	<p><i>Appeals and Grievance Unit</i></p> <p><i>Blue Care Network</i></p> <p><i>PO Box 284</i></p> <p><i>Southfield, MI 48037-0284</i></p> <p><i>Fax: 1-866-522-7345</i></p>

You will need to include the following information in your letter: contract and group numbers, patient's name, daytime phone number and date of service. If another person will represent you in an appeal, you will need to send us a written authorization with your letter. If you have other documents for us to consider, such as medical or benefit documents, or an explanation of why you disagree, please include them.

You may be asked to take part in a managerial or panel level conference. We'll consider the documents you already sent and any other information you give us. We'll review all available information and reply within 30 calendar days for pre-service and 60 calendar days for post-service, unless you gave us more time.

[**Back to top**](#)