Travel & Medevac Benefits

Defined Benefit Retiree

Division of Retirement and Benefits

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AlaskaCare Travel Benefit Presentation

The AlaskaCare Medical Plans are administered according to the plan booklets.

This presentation was prepared to provide the information presented in the AlaskaCare Retiree Insurance Information Booklet to a live audience.

In the event that any information provided in this presentation conflicts with the AlaskaCare Retiree Insurance Information Booklet, the booklet controls.

AlaskaCare Non-Emergent Travel Benefits

- **Travel benefits only apply to conditions covered by the Medical Plan.**
  - Travel benefits do not apply to the audio, dental, or vision plans.
- **Benefits are limited to services obtained within the contiguous United States, Alaska, and Hawaii.**
- **Benefits are only payable if the most direct one-way distance to treatment exceeds 100 miles.**
- **Non-Emergent travel must be pre-certified.**
  - If you need transportation for a nonemergency condition which cannot be treated locally, you must contact the claims administrator **prior** to traveling.
  - The claims administrator will provide you with written acknowledgement of your request.
  - If you do not have time to receive written acknowledgement, you **must** call the claims administrator **before** you travel.
    - No travel benefits are payable if the travel was not pre-certified.

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Treatment Not Available Locally

- **Travel is covered for you to receive <u>treatment</u> which is not available within 100 miles of the area you are currently located in.**
  - Treatment is defined as a service or procedure, including a new prescription, which is medically necessary to correct or alleviate a condition or specific symptoms of an illness or injury.
    - Follow-up visits to monitor a condition are not covered unless treatment is rendered.
    - Travel is not covered for diagnostic purposes or consultations with a specialist.
    - Verification that treatment was rendered is done by reviewing the member's paid Health Plan claims.
- **Benefits for travel to receive treatment which is not available locally are limited during each benefit year to:**
  - One visit and one follow-up visit for a condition requiring therapeutic treatment;
  - One visit for prenatal or postnatal maternity care and one visit for the actual maternity delivery;
  - One pre-surgical or post-surgical visit and one visit for the surgical procedure; and
  - One visit for each allergic condition.

Treatment Not Available Locally cont'd

- **Travel benefit for non-emergent treatment covers routine round-trip transportation, not to exceed the cost of coach class commercial air transportation, from the site of the illness or injury to the nearest professional treatment.**
  - The travel benefit does not include:
    - Reimbursement for airline miles to purchase tickets.
    - Cost of lodging in the city where services are rendered.
    - Food or other expenses.
    - Local ground transportation (shuttles, cabs or car rentals, etc.).
    - Travel benefits do not apply to the services covered under the dental, vision, or audio plans.
- **Travel benefits are part of the Medical Plan**
  - Deductibles apply.
  - Coinsurance applies.
  - Travel must be for medically necessary treatment covered by the Medical Plan.
  - All other Medical Plan provisions apply.

Second Surgical Opinions

- **Second Surgical Opinions**
  - Travel is covered if you require a second surgical opinion which cannot be obtained within 100 miles of your location.
    - Second surgical opinions count towards your annual travel benefit limit as a presurgical trip.

  - If you require transportation for a second surgical opinion which cannot be obtained locally, you must contact the claims administrator prior to traveling. The claims administrator will provide you with written acknowledgement of your request.
    - Failure to pre-certify travel will result in a denial of travel benefits.

  - If you do not have time to receive written acknowledgement, you **must** call the claims administrator **before** you travel.

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Ground Transportation Claims

Treatment Not Available Locally & Second Surgical Opinions

For ground transportation claims for Treatment Not Available Locally & Second Opinions

- Most direct route must exceed 100 miles.
- Medical Plan pays $31 per day when you do not need to lodge overnight enroute to the city where treatment will be rendered.
- $80 per day of travel when overnight lodging is required while enroute to the city where treatment will be rendered.
  - When you arrive at the city where treatment will be rendered – there are no lodging or other plan travel benefits. The travel benefit is paused until you begin return travel home.
- If a parent or legal guardian accompanies a child under age 18, the plan will pay an additional $31 per day per diem for ground transportation.

Surgery Less Expensive in Another Location

- **Travel may be covered for surgery in another location if the total cost of care is less expensive.**
  - The actual cost of surgery, hospital room and board, and travel to the alternate must be less expensive than the recognized charge for the same expenses at the nearest location you could obtain the surgery.
  - The amount of travel costs paid cannot exceed the difference between the cost of surgery and hospital room and board in the nearest location and those same expenses in the alternate location requested.
  - Travel costs include round trip coach airfare or actual expenses for ground transportation if the most direct route exceeds 100 miles.
  - Precertification from the claims administrator is not required for this situation. (But it is recommended.)
  - Submit receipts for travel costs to the claims administrator.
    - Reimbursement for actual cost of ground transportation can not exceed the difference in expense savings between the nearest location and the less expensive alternate location.

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Emergency Travel Benefits

- **Travel is covered if you have an emergency condition requiring immediate transfer to a hospital with special facilities for treating your condition.**

  Precertification is waived if you are immediately transferred in a ground or air ambulance; you do not need to call the claims administrator before this occurs.

- **An emergency condition is a recent, severe medical condition, including but not limited to severe pain, which would lead a prudent layperson possessing an average knowledge of medicine and health to believe their condition, sickness or injury is of such a nature that failure to get immediate medical care could result in:**
  - Placing the person's health in serious jeopardy.
  - Serious impairment to bodily function.
  - Serious dysfunction of a body part or organ.
  - In the case of a pregnant woman, serious injury to the health of the fetus.

Emergency Travel Benefits cont'd

- **Limited to ambulance/medical evacuation costs for services within the contiguous limits of the United States, Alaska, and Hawaii.**
- **Emergency ambulance benefit is limited to one-way transport to the nearest place of treatment by professional ambulance.**
  - The benefit for fixed wing air ambulance or fixed wing medical transport is limited to transportation essential to obtain emergency medically necessary treatment that is covered by the Health Plan.
  - Air ambulances or fixed wing medical transports are only considered a medically necessary plan-covered benefit when the patient is being transported from one health care facility directly to another health care facility for continued care that is covered by the Health Plan and pre-certified by the claims administrator.
  - A professional ambulance is a land or air vehicle specially equipped to transport injured or sick people to a health care facility capable of caring for them upon arrival.
    - To be medically necessary transport must be to a to a health care facility for definitive treatment covered by the Medical Plan.
  - When authorized by the claims administrator, travel charges for a physician or a registered nurse are covered.

Medevac Flights – Network vs Non-Network

- **Using a network medical transport service provider can save you money.**
  - **LifeMed Alaska** and **Medevac Alaska** are currently in-network providers for the AlaskaCare plans and accept Aetna's "recognized charge" or "allowable" as payment-in-full for AlaskaCare members.
  - Have agreed on price for services and are covered subject to all AlaskaCare plan provisions.
    - 100% of the allowable charge = 80% paid by AlaskaCare + 20% paid by member (deductible and coinsurance apply)
- **Out-of-Network Providers**
  - These providers do not participate in Aetna's network and have not agreed to accept the recognized charge or allowable for the services they provide.
    - Out-of-Network providers may balance bill you.
  - For out-of-network claims, the AlaskaCare plan pays at the 90th percentile of the prevailing charge rate for the geographic region where the service was provided.
    - This prevailing charge rate is based on data collected by FAIR Health, an independent health care data aggregator.
    - An out-of-network provider may balance bill you for the difference between their charge and what the AlaskaCare plan

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Medevac Flights – Balance Billing

- **Balance billing happens when an out-of-network provider bills you for the difference between their charge and the recognized charge or allowed amount set by your health plan.**
  - Example:
    - You met your $150 deductible for the year.
    - The provider's charge is $100.
    - The allowed amount is $70.
    - The provider may bill you for the remaining $30 and any coinsurance you may owe (your 20% of the $70).

Note: Fixed wing medevac flights from Alaska commonly cost $60,000 or more.

Medevac Flights – Suggestions

Tip: We recommend talking frankly with your family regarding what to do in case of an emergency. Especially because you may not be conscious, and a family member may need to help or even make decisions on your behalf. Make sure your family has your AlaskaCare information and the telephone number for the Aetna Health Concierge to help them during a crisis. (855) 784-8646

- **If possible, ask your hospital nurse to request an in-network provider for you**.
  - **LifeMed Alaska**
    - Contact LifeMed at (855) 907-5433 or (907) 249-8358 or lifemedalaska.com
  - **Medevac Alaska**
    - Contact Medevac Alaska at (877) 985-5022 or medevacalaska.com

Note: Facilities coordinating a medevac transfer to another facility will usually be glad to request the medevac provider of your choice, however, the network medevac service provider in your area may already be transporting another patient or otherwise unavailable and it may be necessary to use an out-of-network provider in an emergency.

Medevac Flights – Medevac Provider Memberships

- **As a continency, we recommend considering membership options from the out-of-network providers that service your community.**
  - We're always working to contract with as many providers as we can, to minimize the need for you to worry about balance billing. Unfortunately, it is not always possible to contract with every provider.
  - After considering your lifestyle, family medical needs and the resources where you live, if you think you may need emergency medical transportation services at anytime in the future, consider researching the options available in your area, in case the only provider available when you need a medevac is out-of-network.
  - Some providers, including out-of-network providers, offer the opportunity to purchase an annual membership that can provide protection from balance billing. As you evaluate the best choice for your personal circumstances, keep in mind that the providers and membership options available in each area may be different. If you would like to know if a specific provider participates in Aetna's network, call Aetna at (855) 784-8646.

Questions ?

Thank you!