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**Amendment
To
Certificate of Coverage
University of New England**

**COVERED EXPENSE GUIDELINES
A SUMMARY OUTLINE**

The “Covered Services” section is changed by adding the following to the “Organ and Tissue Transplant” section:

This Plan includes travel benefits as described herein. This benefit is applicable for pre-transplant/bariatric evaluation, actual transplant/bariatric procedure, and any medically necessary post-transplant/bariatric visits for one year from the date of the surgery for the member/recipient.

This benefit applies to members with “travel” listed as a covered benefit within their description of coverage and the member’s/recipient’s permanent residence is greater than 60 miles from an approved transplant/bariatric facility. If your description of coverage should vary from these guidelines, your actual description of coverage will be followed in determining travel benefits.

If your description of coverage includes this benefit, this program may assist with some of the expenses associated with traveling to and from a center for specialized care. Assistance is provided for some travel expenses for an adult transplant/bariatric recipient and one companion/caregiver. When the transplant recipient is under the age of 18, this benefit will assist with some expenses for the recipient, and two companions/caregivers.

“Travel” is defined to mean Lodging and Transportation (“LT”) unless otherwise described in your description of coverage.

“Round Trip” is defined to mean the following:

- Lodging incurred directly en route from the member/receipient’s permanent residence to the approved facility.
- Mileage greater than 60 miles from the member’s/recipient’s permanent residence to an approved facility, and

- Mileage from an approved facility to the member's/ recipient's permanent residence. It does not include the mileage in between the time the member/recipient arrives at the approved facility and the time the member/recipient departs from the approved facility.

I. Covered Benefits:

A. Evaluations:

This benefit is for travel expenses for the transplant/bariatric evaluation. This benefit applies to both the member/recipient and the companion/caregiver. In general, this benefit does not apply to services related to the treatment of the disease precipitating the need for a transplant /bariatric procedure. *However*, if the member/recipient is required to travel a great distance for the evaluation and is then advised to remain at the transplant/bariatric facility for treatment of a disease prior to the surgical procedure this will be considered on a case-by-case basis.

B. Actual Transplant/Bariatric:

This benefit is for travel expenses for the actual surgical procedure for the member/recipient and the companion/caregiver.

C. Post-Transplant/Bariatric:

1. Post Transplant/Bariatric Follow Up :

This benefit is for travel expenses associated for medically necessary post-surgical follow up visits when the member/patient is required to remain within close proximity of the approved facility for a short period of time, as determined on a case by case basis.

2. Out Patient Post Transplant/Bariatric Follow Up Visits:

This benefit is for travel expenses associated with medically necessary post-surgical follow up visits when the member/recipient commutes from the member's/recipient's permanent residence to an approved medical facility for follow up visits on consecutive days.

D. Live Solid Organ Donor Benefit Coverage:

1. Evaluations:

This benefit is for travel expenses associated with donor organ evaluation. This benefit applies only to the member/donor.

E. Actual Donor Organ Acquisition:

This benefit is for travel expenses associated with the actual donor organ acquisition procedure. This benefit applies only to the member/donor.

F. Post-Donor Organ Acquisition:

This benefit is for travel expenses for the member/donor for post organ acquisition procedure for maximum of up to six (6) weeks after the organ acquisition procedure.

G. Stem Cell Donor:

A written letter of request stating the medically necessity reason(s) for assistance for travel expenses is required and requires pre-approval. This is required as the harvest and acquisition of stem cells can be performed locally and shipped to the medical transplant facility.

H. Lodging

In accordance with the Internal Revenue Code, the maximum benefit is up to the prevailing rate per night per qualifying individual: (Note: It is assumed companion/caregiver will lodge in same room with covered individual).

Lodging en route to and from the medical care facility.

Your health Plan shall provide assistance for the lesser of the actual lodging charges per night for the member/recipient and for the companion/caregiver, or the maximum benefit of the prevailing Internal Revenue rate per night.

I. Transportation:

1. Ground Transportation:

Mileage:

The maximum benefit is for mileage equal to one round trip to the medical care facility.

Assistance for mileage will be in accordance with the Internal Revenue Code.

Mileage is calculated using Yahoo map search.

Your health Plan does not provide assistance for parking fees, tolls, gas, car maintenance, repairs, or the like.

Commuting by the companion/caregiver to and from the covered facility is not a covered benefit.

2. Air Transportation:

If the distance from the member's/recipient's permanent residence and the medical transplant/bariatric facility is three-hundred (300) miles or more, the member/recipient may utilize air transportation. However, this does require pre-approval and is reimbursable at coach level fare.

Your health Plan shall assist with the cost of the airfare for the member/recipient and the companion/caregiver.

If a member/recipient requires air transportation, some of the fees for rental car, buses, taxis, or shuttle service are a covered benefit. Assistance for the fees for the rental car will be for only the day of arrival to the medical transplant city, and the day of departure from the medical transplant/bariatric city. The fees for the rental car for the days between arrival and departure date are not a covered benefit. The fees for buses, taxis, or shuttle services will be only for the fees for transportation from the medical care city airport to the medical care facility on the arrival day and from the medical care facility to the medical city airport on the departure day. Fees for buses, taxi, or shuttle services on the days in between the arrival date and departure date is not a covered benefit.

Mileage to and from the member's/recipient's permanent residence and to and from the member's/recipient's home city airport is not a covered benefit.

Likewise, mileage to and from the medical care airport and to and from the medical care facility is not a covered benefit.

II. Out of Network:

When the member/recipient receives medical care from an Out of Network facility, assistance for travel expenses will be at the Out of Network level.

III. What is NOT a Covered Benefit:

- A. Loss of work
- B. Food, Alcohol, tobacco, and any other non-food items
- C. Child care

- D. Mileage within the approved facility city.
- E. Rental cars, buses, taxis, or shuttle service. (See Air Transportation)
- F. Frequent Flyer miles
- G. Coupons, Vouchers, or Travel tickets
- H. Prepayments or deposits
- I. Services for a condition that is not directly related, or a direct result, of the surgical procedure.
- J. When this Plan is a Secondary Plan, these benefits are determined after taking into account the benefits of the Primary Plan. Thus, the benefits under this Plan may be adjusted accordingly.
- K. Telephone calls
- L. Laundry
- M. Postage
- N. Entertainment
- O. Interim visits to the approved facility while waiting for the actual surgical procedure that are not related to the covered procedure.
- P. Travel expenses for donor companion/caregiver.
- Q. Return visits for the donor for a treatment of a condition found during the evaluation.

VII. Requests for Assistance:

All requests for assistance must be made on the beginning of the month.

Send only photocopies of receipts.

All receipts must be itemized and legible. For meals, each separate meal must be itemized on the receipt. Credit card slips are not acceptable as documentation.

Itemization includes, but is not limited to, name, date, time, amounts, and purpose. Credit card slips are not acceptable as documentation. If a valid receipt is not submitted for the actual expense incurred, no assistance is provided.

Your health plan does not directly pay for lodging or transportation expenses.

Your health plan shall only remit reimbursements to the insured(s), or the insured(s) dependent(s) under the health benefit plan.

Please remit photocopies of your itemized receipts and any supporting documentation to:

**Anthem
Centers of Medical Excellence Mail Location: Anthem, Inc. address: 2
Gannett Drive
City and State: South Portland, ME 04106**

All other terms, conditions, limitations and exclusions of your Anthem Blue Cross and Blue Shield Blue Certificate of Coverage and Summary of Benefits apply to this amendment and are not changed.

A handwritten signature in black ink that reads "Kathleen S. Kiefer". The signature is written in a cursive style with a large initial 'K' and a distinct 'S'.

Kathleen S. Kiefer
Corporate Secretary
Anthem Blue Cross and Blue Shield