



We understand that this is a difficult time for you and your family. If you have any questions regarding this benefit, please call the number on your ID card or visit our website.

To receive reimbursement according to your benefits, please complete this form and include receipts where noted.

Reimbursement

Automobile expenses (mileage and gas) 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 and based on an objective source such as Google Maps/MapQuest. Tolls and parking are reimbursable while traveling with a receipt.

- Airfare reimbursement is limited to coach or economy fares. This includes the cost for one bag per covered person. Additional baggage fees are excluded.
- When rental vehicles are used, rental fees are covered, but mileage will not be reimbursed separately.
- Reimbursement of lodging will be based up to the per diem rate for lodging specified by the U.S. General Services Administration, which is available at www.gsa.gov or the actual cost of the lodging based on submitted receipts, whichever is less.
- The maximum amount payable for travel and lodging related to covered services is limited to \$4,000 per covered member per plan year.
- Lodging expenses are limited to \$50 per night for the Covered Person, or \$100 per night if the Covered Person is traveling with a companion.
- Travel receipts must be submitted within 365 days (1 year) from the date of service.
- Reimbursement for the travel and lodging for both the patient (subscriber) and the companion will be made payable to the subscriber.
- Member cost-sharing responsibilities (deductibles) may apply to travel and lodging services. If a member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- Travel and lodging may count toward the maximum out-of-pocket cost limits.
- Travel and accommodation for follow-up visits from the member's home back to the facility are excluded from this benefit.

Member ID#			
Member's Last Name		Member's First Name	
Member Street Address		City	
State		Zip	
Member Date of Birth		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Name of Travel Companion(s)			
Date(s) Accompanied		Reason for Travel	

Lodging

Please list your lodging expenses by date for the patient and applicable companion(s). Please note the exclusions listed at the end of this reimbursement form.

Date(s)	Name of Establishment	No. of People	Total Dollar Amount	Receipt Included <input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Travel

Please include address from the patient's home and the address of lodging. Mileage is reimbursed at the most current medical mileage rate at www.IRS.gov and based on an objective source such as Google Maps/MapQuest. Tolls and parking fees the day of travel are eligible for reimbursement. Receipts required for modes of transportation: plane, bus, taxi, train, other. Airfare reimbursement is limited to coach or economy fares.

Starting Location Physical Address		Lodging Street Address	
Date(s) Traveled	Name of Patient/Companion	Mode of Transportation*	Total Dollar Amount

*Method of travel: Plane, Bus, Taxi, Personal Vehicle, Train, Other (please specify)

Date(s)	Tolls / Parking Fees	Receipt Included <input checked="" type="checkbox"/>
		<input type="checkbox"/>

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient and/or eligible companion(s). I understand all material submitted becomes the property of Univera Healthcare and will not be returned. I realize false receipt or fraudulent alterations of these materials may result in civil or criminal prosecution. I authorize the release of any of this information.

Date	Phone (including area code)	Signature

- Original itemized receipts including all pertinent information must be submitted with this claim form where indicated that they are required.
- Cancelled checks, money orders, credit card vouchers and personal list of services or bills stating only "balance forward" are not acceptable.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by us and cannot be returned to you.

Exclusions include, but are not limited to:

- Alcoholic beverages or tobacco products
- Car maintenance
- Car rental club memberships
- Cards, stationery, stamps
- Clothing
- Dry cleaning
- Entertainment (cable television, books, magazines, movie rentals)
- Extended Parking at the Airport
- Flowers
- Household products
- Household utilities, including maid, baby-sitter, or day care
- Kennel fees and veterinary boarding fees
- Laundry services
- Meals are not included
- Mileage within the city of lodging
- Other personal items
- Postage
- Security deposits
- Telephone bills and cell phone charges
- Toiletries
- Toys
- Transportation that exceeds coach rates
- Traveler check fees
- Valet Parking

Mail to:

Univera Healthcare
 PO Box 211256
 Eagan, MN 55121-2656

Enrollment in Univera Healthcare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.