

Pre-Estimate Travel Reimbursement Request Form

The Public Employees' Benefits Program (PEBP) understands this is a difficult time for you and your family. Therefore, we want to make this process as easy as possible so you can receive the appropriate reimbursement for any eligible travel expenses you incurred in relation to your organ and/or tissue transplant, bariatric weight loss surgery, or abortion.

The PEBP Consumer Driven Health Plan (CDHP), Low Deductible (LD) PPO Plan, and Exclusive Provider Organization (EPO) Plan allow for reimbursement of certain travel and lodging accommodation expenses permitted under IRS Regulation 213(d) and IRS Publication 502 when associated with covered, pre-certified medical treatment at a Center of Excellence for organ and/or tissue transplant and bariatric weight loss surgery performed. Additionally, travel for a participant located in a State with restricted access to abortion to the nearest care center for abortion services covered under this Plan.

The first step in the travel pre-authorization process is to complete this form. Once the form is complete, please submit it to PEBP for review and approval. Once the request is approved, a signed copy of the approval will be provided to you for your records.

Please refer to PEBP's current plan year CDHP, LD, or EPO Master Plan Document, depending on which Plan you are on, located in the PLAN DOCUMENTS section on our website <https://pebp.nv.gov/> for specific and detailed information.

REMINDERS:

1. Travel expenses are covered only when the distance to the Center of Excellence or abortion service center is 50 miles or more from the participant's residence for organ/tissue transplant, bariatric weight loss surgery, or abortion.
2. Travel expenses are covered only when incurred in conjunction with the patient's transplant or bariatric surgery and for one year after surgery for follow-up visits as required by the patient's surgeon.
3. Unless there are extenuating circumstances, an estimate of your travel expenses must be pre-authorized by PEBP.
4. Expenses incurred for organ and/or tissue transplants or bariatric weight loss surgeries that are not performed at a Center of Excellence are not covered.
5. Organ/tissue transplant procedures, bariatric weight loss surgeries, and abortion **must** be pre-certified for medical necessity by PEBP's Utilization Management Company.
 - Travel expenses associated with a procedure that has not been pre-certified by PEBP's Utilization Management Company will not be covered.
6. PEBP reserves the right to verify your completion of the pre-certification process with PEBP's Utilization Management Company prior to completing your request for travel expense reimbursement.
7. PEBP does not provide advance payment for travel expenses.
8. After your procedure, you must submit a Post-Travel Reimbursement Request along with any relevant receipts and documents. The Post-Travel Reimbursement Form is available online at <https://pebp.nv.gov/> or by calling PEBP to request a copy be mailed.
9. Travel expenses are not subject to Deductible, copay, and/or Out-of-Pocket Maximum.

- PEBP will issue appropriate reporting forms (form 1099, W2, etc.) for federal tax reporting purposes. You may be liable for taxes and must consult your tax professional for further assistance.

NOTE: PEBP has full authority to approve or deny all or part of your travel expenses. The denial of travel expenses cannot be appealed.

If you have questions regarding your medical benefits, please call PEBP's Third-Party Claims Administrator at 1-888-763-8232.

Section 1: General Information					
Name of Insured:		PEBP ID#:			
Insured Residential Street Address:		City, State and ZIP Code:			
Name of Patient (if different than Insured):		Patient Date of Birth:			
Patient Residential Street Address:		City, State and ZIP Code:			
Approved Center of Excellence Street Address:		City, State and ZIP Code:			
Purpose of Trip (check one):					
<input type="checkbox"/> Organ/Tissue Transplant		<input type="checkbox"/> Bariatric Surgery		<input type="checkbox"/> Abortion	
Section 2: Lodging Estimate					
Lodging will be reimbursed up to the GSA rate.					
For transplants, some Centers of Excellence facilities may have on-site or affiliated lodging services; therefore, the plan will pay the lesser of the affiliated lodging or GSA rates, subject to verification of availability.					
Estimated Check-In Date	Estimated Check-Out Date	Number of Days	Location (City, State, Zip)	GSA Lodging Rate	Estimated Total
Section 3: Travel Estimate					
<p>Participants who use their personal vehicle to travel will be compensated for miles to and from (based on an objective source such as Google Maps) at the standard GSA mileage reimbursement rate.</p> <p>Participants are required to use the least expensive method of transportation. Miles associated with rental car usage are not eligible for reimbursement.</p>					

***Method of Travel Abbrev: P=Plane B=Bus T=Taxi PC=Personal Vehicle X=Passenger in Car
O=Other (specify)**

Estimated Departure Date	Estimated Return Date	Travel # of Days	Method of Travel	Round Trip Mileage	Estimated Total

Section 4: Meals Estimate

Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the location of the Center of Excellence according to the United States General Services Administration (GSA).

Receipts are not required for the M&IE allowance.

Participants should refer to the GSA's website <http://gsa.gov> and the link "Per Diem Rates" for the most current rates. Reimbursement is not allowed if the meal is provided at no cost or included in another bill. Specify if meal was purchased for Patient(P), Companion(C) or Both(B)

Dates		Travel # of Days	GSA First and Last Day Rate	GSA Daily Rate (ME&I)	Estimated Total
	to				

Section 5: Miscellaneous

Please list any anticipated miscellaneous services or expenses not already addressed in the above sections.

Date(s)	Name of Service or Expense	Estimated Total

It is important to remember that receipts will be required when filing your Post-Travel Reimbursement Request. Proof that you attended an appointment is required in conjunction with requested reimbursements. If your post- surgery follow-up care is included in the cost of your surgery, your provider will not submit a claim to the Third-Party Claims Administrator for post-surgery follow-up care; therefore, an Explanation of Benefits (EOB) may not be issued by the Third-Party Claims Administrator. If this case, you must submit a note from the care provider's office which includes the full name of the patient and date of service for the appointment. Post Travel Reimbursement Request Forms and receipts must be submitted within 12 months of the date of the surgery/procedure. The purpose of this form is to provide an *estimate* only of expenses related to travel when associated with medical treatment for organ and/or tissue transplants or bariatric weight loss surgery performed at a PPO Center of Excellence.

EXCLUSIONS

The following are specifically excluded from reimbursement under any circumstances (other expenses not included below may be denied if they are not preapproved.)

- Alcoholic beverages.
- Car maintenance.

- Vehicle insurance.
- Flight insurance.
- Cards, stationery, stamps.
- Clothing.
- Dry cleaning.
- Entertainment (cable televisions, books, magazines, movie rentals).
- Flowers.
- Household products.
- Household utilities, including cell phone charges, house cleaner, baby-sitter, or day care services.
- Kennel fees.
- Laundry services.
- Security deposits.
- Toiletries.
- Travel expenses related to a facility or provider that is not a certified Center of Excellence, exclusive hospital/ambulatory surgical facility, or outpatient infusion facility; and
- Travel expenses incurred on or after one year following services are not eligible for reimbursement.

SPECIFICATIONS

Travel expenses incurred are reimbursed at the rates established by the [General Service Administration](#) based on The Center of Excellence physical location or the care center for abortion services physical location.

Travel expenses are not subject to the annual deductible and coinsurance amount. PEBP will issue appropriate reporting forms (form 1099, W2, etc.) for federal tax reporting purposes. You may be liable for taxes and must consult your tax professional for further assistance.

Reimbursement of eligible travel expenses will be payable to the primary participant (employee or retiree) and not to the service vendor (credit card company, lodging, etc.).

Once complete, mail this entire form to PEBP. You are also welcome to submit documents securely online through a form that can be found under the subheading Submit Supporting Documents here: <https://pebp.nv.gov/Contact/contact-us/>.

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from PEBP is subject to civil and/or criminal prosecution. I understand that PEBP has full authority to deny all or part of my travel expenses and should PEBP deny any or all of my expenses, I have no right to appeal its decision.

Insured's Signature

Date