

Cigna Healthcare expanded travel coverage.

Benefit offering overview.

Benefit Coverage Details –

	Coverage	Note
Cost Share	<p><u>Standard:</u></p> <ul style="list-style-type: none"> 100% coverage of reimbursable services HSA Plans: plan deductible must apply <p><u>Not Available:</u> Customer cost share in any amount</p>	<ul style="list-style-type: none"> Eligible charges under IRS rules for pre-tax dollars as offered under the plan are paid by the plan in full, except plans with an attached HSA for which the deductible applies.
Lifetime Dollar Max	<p><u>Standard:</u></p> <ul style="list-style-type: none"> \$10,000 lifetime maximum Combined maximum for travel for all eligible covered services, except LifeSource/Organ Transplants, Gene Therapy, Advanced cellular therapy, Condition Specific Care and other services that already are being covered with their own travel maximum. MHSUD services are unlimited if applicable. <p><u>Not Available:</u> Annual maximum, per-condition maximum, per episode maximum.</p>	<ul style="list-style-type: none"> LifeSource/Organ Transplants, Gene Therapy, Advanced cellular therapy, Condition Specific Care continue to be covered under separate benefits with their own travel maximums. *CA, IL: Travel for benefit offering #2 and #3 are considered EHB for one or more services, a Lifetime dollar max is not allowed in these states. Unlimited maximum applies.
Radius Criteria for Travel Coverage	<p>Coverage is provided for travel when there is no provider within the selected radius of the customer's primary residence.</p> <p><u>Standard:</u></p> <ul style="list-style-type: none"> 60 miles 100 miles <p><u>Not Available:</u> Setting a limit on the maximum travel distance.</p>	<ul style="list-style-type: none"> The same radius applies for Travel across all eligible covered services. Cannot set 60 miles for abortion, 100 miles for bariatric, etc.
Contracted Providers	<p><u>Standard:</u> Coverage is for travel to contracted (in-network) providers only.</p> <p><u>Not Available:</u> Coverage to out-of-network providers</p>	<ul style="list-style-type: none"> Travel is covered only when there is no contracted provider within the set radius.
Claim Reimbursement Options	<p><u>Standard:</u> Claim form submission for reimbursement</p> <p><u>Not Available:</u> Debit Card</p>	<ul style="list-style-type: none"> Typical claim processing time for reimbursement is 30 days.

	Coverage	Note
Covered Travel Expenses - Transportation	<p>Covered up to the client-elected dollar maximum.</p> <ul style="list-style-type: none"> • airfare (coach or economy), including baggage fees • bus fare, train fare, taxi/Uber/Lyft, etc. • vehicle rentals • gasoline • highway tolls (not prepaid) • parking • shuttle services • wheelchair van service to travel from local housing to facility/provider 	<p>Covered travel expenses are reimbursed within daily limits as defined by the Internal Revenue Service</p>
Covered Travel Expenses - Lodging	<ul style="list-style-type: none"> • Lodging up to \$50 per night, per person for up to two people (maximum of \$100 per night, inclusive of taxes and nonrefundable fees)], including but not limited to: hotel, motel, rental from businesses such as Airbnb, VRBO, etc. <p>Includes \$50 per night for individual stay or \$100 per night for individual + authorized companion.</p>	<ul style="list-style-type: none"> • Covered within IRS rules for use of pretax dollars up to the client-elected dollar maximum. • IRS has set the \$50 / \$100 daily thresholds.
Excluded Travel Expenses	<p>Excluded travel expenses include but are not limited to the following:</p> <ul style="list-style-type: none"> • any expenses that if reimbursed would be taxable income • travel within the mile radius defined above of your primary home residence • food and meals • mileage* • Incidentals, including but not limited to: laundry bills, telephone bills, alcohol or tobacco products. • charges for transportation that exceed coach class rates. • durable medical equipment, medical supplies, ambulance • refundable deposits for housing, utilities, etc. • travel for services not designated above • services that are not covered by the plan 	
*Mileage	<p>Not covered as the default standard. Note that gas, the greater expense, is covered.</p>	<ul style="list-style-type: none"> • Not part of our standard offering at this time. • Note: Mileage reimbursement is allowed under IRS rules for pretax dollars up to a certain reimbursable amount (e.g., \$0.22 per mile).
Prior Authorization	<p>Pre-authorization of travel is required by contacting Cigna HealthcareSM at the number on the ID card. Pre-authorization of the covered designated service also may be required.</p>	<ul style="list-style-type: none"> • The Claim team must have an authorization in the system in order to pay the claim.
Coverage for Accompanying Caregiver/ Companion	<p>Allowed as appropriate: one accompanying Companion/Caregiver (or up to two caregivers for a Dependent minor) may be covered. The Companion/Caregiver can be your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver who is at least 18 years of age.</p>	