

Notice of Travel Reimbursement Benefits for Covered Benefits/Services Restricted by State Law Massachusetts

This notice is intended to amend your Evidence of Coverage, including the Benefit Handbook, Schedule of Benefits, Prescription Drug Brochure and other applicable Plan Documents, to inform you of reimbursement benefits you are eligible to receive when state law restricts a provider from providing you with a Covered Benefit under your plan in the state where you reside. Examples may include voluntary termination of pregnancy and gender affirming surgery for minors.

You are eligible for this benefit when:

1. Your Plan includes coverage for the services you will be receiving.
2. You reside in a state where access to the Covered Benefit is not available because state law restricts a provider from providing you with the service.
3. You are required to travel at least 100 miles from your residence to obtain the Covered Benefit.

When the above criteria are met, the Plan will provide reimbursement for certain transportation and lodging expenses that are “primarily for and essential to” receiving medical care (per Internal Revenue Code (IRC) § 213(d)) to you and one companion when necessary to enable you to receive the Covered Benefit, as follows:

1. **Round trip transportation** including air, train, bus, taxi and ride-sharing service, car rental, tolls, and parking will be reimbursed between your home and the location at which you receive the Covered Benefit.
 - **Travel by air and train** is limited to commercially scheduled coach-class tickets and will not count toward a daily travel maximum if one has been established by your employer.
 - **Mileage** is based on the current Internal Revenue Service (IRS) medical mileage reimbursement, which includes gasoline.
2. **Lodging** will be reimbursed up to \$50 per person per night (up to \$100 if you travel with a companion) when the medical care is provided by a physician in a licensed hospital (or in a medical care facility which is related to, or the equivalent of, a licensed hospital).
3. **Maximum reimbursement** for all expenses, as listed above, is limited to \$5,000 per Member per Plan Year or Calendar Year. If you are covered under an HSA (High Deductible Health Plan) this coverage applies after the Deductible has been met.

Please note, reimbursement for travel expenses for transportation and lodging is only available for the Member receiving the Covered Benefit and one companion. In accordance with the IRC, companion coverage is allowed only when the assistance of a companion is necessary for the Member to receive the covered medical services (e.g., parental consent is required, there is sedation that causes the Member to require assistance). PLR 8516025; IRS Pub. 502.

No coverage is provided for reimbursement of the following: meals • alcohol/tobacco • entertainment • tips/gratuities • lodging other than at a hotel or motel • personal care/hygiene items • telephone calls • childcare expenses • lost wages • expenses for anyone other than you and your companion • first class, business class and other luxury transportation services.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company

To receive reimbursement under this benefit, you must attest to satisfying the eligibility criteria above, travel expenses incurred, and, if applicable, the necessity of companion travel. You will need to complete a reimbursement form that includes this attestation information and provide the Plan with proof of membership and proof of payment. Please submit your documents along with the reimbursement form to the following address:

Harvard Pilgrim Health Care
P.O. Box 9185
Quincy, MA 02169

To obtain a reimbursement form, please contact the Member Services Department at 1-888-333-4742 or visit HPHC online at, www.harvardpilgrim.org.

Failure to adhere to reimbursement requirements explained above may result in your reimbursement being considered taxable income.



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