POLICY AND PROCEDURE

POLICY STATEMENT:
When Ambetter Members travel for approved transplant procedures or other special circumstances, they may be eligible for reimbursement of travel expenses. Non-Member organ donors donating to a Member may also be eligible for travel expense reimbursement. This policy explains which travel expenses are reimbursable by the health plan.

PURPOSE:
The following reimbursement policy applies to the Centene Corporate Ambetter (HIM) commercial program. The policy defines guidelines for reimbursing the member and/or donor for travel expenses related to transplant services.

SCOPE:
Centene Corporate Health Insurance Marketplace (HIM), Ambetter Program, Care/Case Management, Claims

DEFINITIONS:

POLICY:
Coverage will be provided for pre-authorization transplant and related services through the Center of Excellence when it is determined to be medically necessary and approved in accordance with the Explanation of Coverage (EOC).

Food and travel expenses are reimbursable for Recipient and/or Donor and for one traveling Companion/Immediate Family member when the Member is pre-authorized for a transplant and steered to a facility for the transplant procedure that is greater than 60 miles away from the patient’s home. Non-transplant special circumstances, when approved by the Center of Excellence and pre-authorized, are also reimbursable. Mileage criteria may vary by state EOC and the state EOC limitation will prevail if it varies from this policy. In no case will reimbursement be paid for travel related to services/products rendered outside of the United States of America.

Cost share benefit coverage related to transplant services is available to both the recipient and donor of a covered transplant as follows:

1. If both the donor and recipient have coverage provided by the same insurer, each will have their benefits paid by their own coverage program.
2. If you are the recipient of the transplant, and the donor for the transplant has no coverage from any other source, the benefits under this contract will be provided for both you and the donor. In this case, payments made for the donor will be charged against enrollees benefits.
3. If you are the donor for the transplant and no coverage is available to you from any other source, the benefits under this contract will be provided for you. However, no benefits will be provided for the recipient.
4. If coverage lapses due to non-payment of premium, no services related to transplants will be paid as a covered benefit.

Ambetter Health Plan will provide travel, food, and lodging expense reimbursement for the transplant recipient and one Companion/Immediate Family Member and also for the live donor and one Companion/Immediate Family Member. Receipts and a completed Transplant Travel Reimbursement form must be supplied to the Center of Excellence within 6 months of the date of service in order to be reimbursable. Donor and Recipient must submit separate Transplant Travel Reimbursement forms and receipts.
The maximum reimbursement for all travel, food, and lodging expenses combined is $10,000.00 per transplant of the Member as deemed medically necessary by the Center of Excellence in connection with transplant services. If a Member needs another transplant on a different organ the $10,000.00 maximum starts over.

Maximum reimbursement for lodging expenses is $200.00 for Recipient and/or Donor and for one traveling Companion/Immediate Family member, per night, subject to the overall maximum listed above. Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel using guidelines from the Center of Excellence.

**Food Services:**
Maximum reimbursement for food expenses is $75.00 for Recipient and/or Donor and for one traveling Companion/Immediate Family member, per day, subject to the overall maximum listed above.

**Mileage:**
Maximum reimbursement for mileage is limited to the total miles traveled by the Recipient and the Donor to and from their respective homes to the transplant facility, plus miles traveled:
- between the transplant facility and local lodging
- between a transit hub (e.g., airport, train station, bus station) and either the transplant facility or local lodging

Mileage must be logged and will be reimbursed at the current IRS mileage standard for miles driven for medical purposes.

**Transport Services (Air, Train & Ground Services):**
Reimbursement for air, train, and ground/bus transport, will be based on coach class tickets only; upgrades to 1st class will not be reimbursed. Use of frequent flyer credits, the cost of cancelling and/or rebooking of transportation is not reimbursable unless it can be shown that it was necessary or required for legitimate reasons (such as a change in surgery date). Transportation dates must align to all lodging dates. Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel as determined by the Center of Excellence discretion.

**Non-Covered Expenses:**
The following items are not reimbursable expenses:

a. Alcohol/tobacco
b. Car Rental (unless pre-approved by the Center of Excellence)
c. Vehicle maintenance for motorized and hybrid, and electric car (includes: any repairs/parts, labor, general maintenance, towing, roadside assistance, etc.)
d. Parking, such as but not limited to hotel, valet or any offsite parking other than hospital
e. Storage rental units, temporary housing incurring rent/mortgage payments
f. Utilities, such as gas, water, electric, housekeeping services, lawn maintenance, etc.
g. Speeding tickets
h. Entertainment (e.g., movies, visits to museums, additional mileage for sightseeing, etc.)
i. For any services related to pet care, boarding, lodging, food, and/or travel expenses; other than those related to certified/registered service animal(s)
j. Expenses for persons other than the patient and his/her covered companion
k. Expenses for lodging when member is staying with a relative
l. Any expense not supported by a receipt
m. Upgrades to first class travel (air, bus, and train)
n. Personal care items (e.g., shampoo, deodorant, clothes)
o. Luggage or travel-related items including passport/passport card, REAL ID travel ids, travel insurance, travel agency fees, TSA precheck, and early check-in boarding fees, extra baggage fees
p. Souvenirs (e.g., t-shirts, sweatshirts, toys)
q. Telephone calls/mobile bills, replacement parts, or cellular purchases of any type
r. All other items not described in the policy as eligible expenses
s. Any fuel costs/charging station fees for any vehicle
t. Any tips, concierge, club level floors, and gratuities
u. Salon, barber, and spa services
REFERENCES:
In accordance with Corporate Medical Management policy:
CC.UM.18, CC.UM.18.06, CC.UM.18.07

ATTACHMENTS:
Transplant RECIPIENT Travel Reimbursement Form
Transplant DONOR Travel Reimbursement Form

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

<table>
<thead>
<tr>
<th>REVISION TYPE</th>
<th>REVISION SUMMARY</th>
<th>DATE APPROVED &amp; PUBLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update</td>
<td>Mileage rate adjusted for 2018</td>
<td>3/7/18</td>
</tr>
<tr>
<td>Annual review</td>
<td>Update and apply new policy template</td>
<td>7/27/20</td>
</tr>
<tr>
<td>Annual review</td>
<td>Apply new policy template</td>
<td>6/7/21</td>
</tr>
<tr>
<td>Annual review</td>
<td>Apply new policy template &amp; policy ID#</td>
<td>6/21/2022</td>
</tr>
</tbody>
</table>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.