



# Travel Benefit

Effective Date: 6/24/2022

- Group numbers: all
- \$5,000 maximum per year
- \$2,500 maximum per incident
- Reimbursement for meals and accommodations will be capped per incident based on regional GSA rates
- 100 mile radius of member's home residence
- Eligible services: all covered services (not just

## Mail-in Claim Reimbursement Process

1. Login to the Highmark member portal at the website listed on the back of your member ID card
  - 1.1.Or click on the form below to open and skip to step 4:  
[DOWNLOAD LINK](#)
2. Under the "Health Care Tools" section, click on "Find Forms"
3. Click on the arrow to expand the "Medical Forms" section and click on "PDF" under "Member Submitted Health Insurance Claim Form"
4. Fill out all necessary/required information on the form
5. Report "Travel Reimbursement and the" diagnosis and procedure performed" in the "Diagnosis or Nature of Illness or Injury" section of the "Member Submitted Health Insurance Claim Form"
6. Print the "Member Submitted Health Insurance Claim Form"
7. Sign and date the "Member Submitted Health Insurance Claim Form"
8. Mail the "Member Submitted Health Insurance Claim Form" along with all dated receipts to:

Claims  
P.O. Box 890173  
Camp Hill, PA 17089-0173

## Digital Member Portal Claim Reimbursement Process:

1. Log into the Highmark member portal at the website listed on the back of your member ID card
2. Under the "Health Care Tools" section, click on "Find Forms"
3. Click on the arrow to expand the "Medical Forms" section and click on "PDF" under "Member Submitted Health Insurance Claim Form"
4. Fill out all necessary/required information on the form
5. Report "Travel Reimbursement" and the "diagnosis and procedure performed" in the "Diagnosis or Nature of Illness or Injury" section of the "Member Submitted Health Insurance Claim Form"
6. Save the "Member Submitted Health Insurance Claim Form" to your computer
7. Print the "Member Submitted Health Insurance Claim Form"
8. Sign and date the "Member Submitted Health Insurance Claim Form"
9. Upload the "Member Submitted Health Insurance Claim Form" along with images of all dated receipts via Message Center on the Member Portal
10. Click on "Contact Us"
11. Select your medical plan
12. Select Message Topic of "Claim Inquiry"
13. Indicate the inquiry is for "Travel Reimbursement"
14. Click on the Paperclip icon next to "Attach File" and browse to where you saved the "Member Submitted Health Insurance Claim Form" and copies of all receipts on your computer
15. Complete any of the other required fields
16. Click the "Submit" button

**Note: \*\* Please submit a separate claim form for each patient. All expenses for one patient can be submitted with one claim form.\*\***

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