**[Section [XXXV]]**

*{Drafting Note: Insert the appropriate section number, following the*

*order of provisions in the Table of Contents, if a section number is used for riders.}*

**Reimbursement for Travel and Lodging Expenses**

1. **General.**

This rider amends the benefits of Your [Certificate; Contract; Policy] as follows:

**1. Travel and Lodging Expenses**

* We will reimburse certain travel and lodging expenses for You to travel [at least [XX] miles from Your residence] to another State to access Covered Services when access to Covered Services is not available to You due to a law or regulation in the State where You reside [unless such reimbursement is prohibited by law]. [We will also reimburse You for travel and lodging expenses for a companion to accompany You[, if the companion is a Member covered under this [Certificate; Contract; Policy]] [and; if] [the companion’s presence is necessary for You to receive Covered Services].] We will reimburse You up to [$XXX] per Plan Year for Your [and [up to [$XXX] for] Your companion’s] travel and lodging expenses [not to exceed amounts permitted by Internal Revenue Service guidelines] [after Your [In-Network] Deductible]. [Lodging expenses are limited to [$XXX] per night for You[, or [$XXX] per night if You are traveling with a companion] [after Your [In-Network] Deductible].]
* To get reimbursed by Us, You must [submit Your travel and lodging receipts to Us; XXX]. For more information, call [XXX; the number on Your ID card] [or] [visit Our website at [XXX]].

**2. Access to Covered Services**

* If You are traveling to another State to access Covered Services [from a Participating Provider], You will be responsible for Your [In-Network] Cost-Sharing for the Covered Services.

*{Drafting Note: The bracketed language may be omitted for coverage that does not have a provider network.}*

* [If You are traveling to another State to access Covered Services from a Non-Participating Provider, You must contact Us at [XXX; the number on Your ID card] for [a Referral; an authorization] before receiving services. If [a Referral; an authorization] is not approved, any services rendered by a Non-Participating Provider will [not be Covered; be Covered as out-of-network and You will be responsible for Your Out-of-Network Cost-Sharing and the difference between the Provider’s charge and Our Allowed Amount.]]

{*Drafting Note: Omit for coverage that does not have a provider network.}*

**B. Controlling** [**Certificate; Contract; Policy**]**.**

All of the terms, conditions, limitations, and exclusions of Your [Certificate; Contract; Policy] to which this rider is attached shall also apply to this rider except where specifically changed by this rider.