



Walmart Total Rewards
508 S.W. 8th St
Bentonville, AR 72716-3500

Pre-Service Claim Form for Travel Benefit under the Walmart Inc. Associates' Health and Welfare Plan

Plan Participant Name: _____
Plan Participant Benefit ID Number: _____
Case Number: _____

As described in the Associates' Health & Welfare Plan ("Plan") Associate Benefits Book on page 113, the Plan provides a travel benefit, which may include airfare, mileage, lodging, and a daily expense allowance for food and other expenses, if (1) a Plan enrollee resides more than 100 miles from a provider who is qualified to provide covered services or (2) resides in a state where a qualified provider is prohibited from providing the covered service and the enrollee resides more than 100 miles from a provider who is qualified and is legally permitted to provide the covered services. The travel benefit is available only for complex care, as determined by Included Health and as described in the Associate Benefits Book. It does not include the following, which is not an exhaustive list:

- Services that are not covered by The Associates' Medical Plan (AMP)
- Services that are covered under the Centers of Excellence program
- Routine care, including routine primary care
- Audiology service for the purpose of obtaining hearing aids/devices
- Clinical trials that are not required to be covered under the Affordable Care Act
- Dental services
- Hospice care
- Preventive care/services
- Podiatry for purposes of insoles, bunions, etc.
- Reconstructive surgery (not breast cancer-related)
- Vision services related to routine vision checks

Please indicate whether your pre-service claim is "urgent." An urgent claim is a claim where a determination under the normal timeframes for a non-urgent claim could seriously jeopardize your life or health or your ability to regain maximum function, or, in the opinion of your physician, could cause you to experience severe pain that cannot be adequately managed without the care or treatment that is the subject of the appeal. If you believe your situation is urgent, you may request an expedited claim by completing this form and send it to **Included Health ATTN: Walmart Claims for Travel Benefits, 35 Canal St., Ste 401 Lewiston, ME 04240 Fax 800.238.6575.**

Please explain the services you are seeking and why your request for Travel Benefits meets the above criteria and include any documentation to support your position.

Name of Person Filing Pre-Service Claim: _____

- Check one:
 - Plan Participant
 - Provider
 - Authorized Representative (If an Authorized Representative is filing the claim on behalf of the Participant, please complete and return the Plan's enclosed Authorized Representative form. This is the only form the Plan will accept. You may obtain a copy of the Plan's Authorized Representative form by calling Benefits Customer Service at (800) 421-1362.)

Explain the basis of your claim. Based on the eligibility criteria above, what is the basis of your claim?

Once you have completed the above form, please send to: **Included Health ATTN: Walmart Claims for Travel Benefits 35 Canal St., Ste 401 Lewiston, ME 04240 Fax 800.238.6575 Phone 1-800-941-1384**