

\$200 to help you get fit

Fallon Health is proud to offer a \$200 wellness benefit to members of our NaviCare® HMO SNP and NaviCare® SCO plans.



How will you use your \$200? You choose.

You can use your wellness benefit for a variety of different health-related activities. We reimburse you up to \$200 each calendar year toward:

- Membership in a qualified health club or fitness facility
- Covered instructional fitness classes, such as yoga, Pilates, Tai Chi and aerobics
- Participation in A Matter of Balance, a program designed to reduce fear of falling and increase strength and balance

How do you get your reimbursement?

- Complete the form on the back of this flyer
- Submit a readable copy of an itemized bill from the qualified facility or program
- Submit copy(s) of paid receipt(s)

We accept multiple receipts and requests on one form, so you can be reimbursed all at once!
No referral is required for this benefit.

1-877-700-6996 (TRS 711)

8 a.m.–8 p.m., Monday–Friday
(Oct. 1–March 31, seven days a week).

fallonhealth.org/navicare



Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS. This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year. NaviCare SCO is available to anyone age 65 and older who has MassHealth Standard and lives in the service area. Individuals who also have Medicare Parts A and B may enroll in NaviCare HMO SNP.

Wellness Benefit Reimbursement Form

NaviCare members may request up to \$200 per benefit year.*
Requests must be made no later than three months after a benefit year ends to receive reimbursement.

Three ways to get reimbursed:

1. **Mail completed form to:**
Fallon Health,
P.O. Box 211308, Eagan, MN 55121-2908
2. **Email completed form to:**
reimbursements@fallonhealth.org
3. **Give completed form to your Navigator.**

Member information

Last name	First name	Middle initial
Address	City	State ZIP
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Member's ID # (located on the front of your card)	Telephone number	

Activity for reimbursement**

Type of activity	Program/gym name	Benefit year	Amount requested

Information needed for reimbursement

- This completed form.
- A copy of any/all applicable health club contracts and fitness class/program registration forms. These must show the beginning and ending dates of membership activity and the name of the NaviCare member.
- Dated original receipts or copies of bank/credit statements showing the charge for membership or classes (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon will only reimburse for the amount reflected on these receipts/statements. If you paid by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization (This form must be signed and dated below by the member or the member's Navigator or authorized personal representative.)

Reimbursement is subject to approval by Fallon Health. Please allow 4-6 weeks from receipt for reimbursement.

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Member's signature _____ Date _____

* A benefit year is January 1 through December 31.

** Reimbursement amounts may vary. Reimbursement is not available for non-qualified health clubs or fitness facilities, including but not limited to martial arts centers, gymnastics facilities, country clubs, sports clubs, social clubs or sports activities such as golf or tennis.

