

\$180 for a healthy smile.

Fallon Health is proud to offer a \$180 annual dental benefit to members of our Fallon Senior Plan™ Flex Enhanced Rx HMO plan.



How do you use your \$180 dental benefit?

See any dentist for preventive services, such as cleanings, routine dental exams and dental x-rays. We reimburse you up to \$180 each calendar year.

How do you get your reimbursement?

- Complete the form on the back of this flyer
- Submit a readable copy (copies) of your bill(s) from the dentist
- Submit a copy (copies) 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.

1-800-325-5669 (TRS 711)

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

fallonhealth.org/seniorplan



Fallon Health is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Fallon Health depends on contract renewal.

Flex Dental Reimbursement Form

Fallon Senior Plan Flex Enhanced Rx HMO plan members may request up to \$180 per benefit year.* **Requests must be made no later than three months after a benefit year ends to receive reimbursement.**

Two 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

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	

Service for reimbursement**

Type of service	Dental location	Benefit year	Amount requested

Information needed for reimbursement

- This completed form.
- Copy (copies) of dentist's bill(s)
- Dated original receipts or copies of bank/credit statements showing the charge for preventive dental services. 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 dental facility may be requested.

Certification and authorization (This form must be signed and dated below by the member.)

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. You pay all charges over \$180 per calendar year.

** Reimbursement amounts may vary. The service must be provided by a business established to provide dental services.



Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)
Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.