Flex gives you $160 to get fit.

Fallon Health is proud to offer a $160 annual wellness benefit to members of our Fallon Senior Plan™ Flex Enhanced Rx HMO plan.

How will you use your $160?

You can use your wellness benefit for staying or getting fit at the gym. We reimburse you up to $160 each calendar year toward membership in a qualified health club or fitness facility.

How do you get your reimbursement?

- Complete the form on the back of this flyer
- Submit readable copy (copies) of your itemized bill from the gym/facility
- Submit 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

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

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Flex Fitness Reimbursement Form

Fallon Senior Plan Flex Enhanced Rx HMO plan members may request up to $160 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

Member's ID # (located on the front of your card) | ( ) Telephone number

Activity for reimbursement**

Type of activity	Facility/gym name	Benefit year	Amount requested

Information needed for reimbursement

- ❑ This completed form.
- ❑ A copy of any/all applicable health club contracts or facility registration forms. These must show the beginning and ending dates of membership activity and the name of the Fallon Senior Plan member.
- ❑ Dated original receipts or copies of bank/credit statements showing the charge for membership (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.)

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 $160 per calendar year.*

*** 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 for sports activities such as golf or tennis.*

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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.