NaviCare® HMO SNP
Save Now card reimbursement form

Did you forget to use your Save Now card when paying for your eligible items?

What does my Save Now card cover?

Each calendar quarter, **we'll load $375*** onto your Save Now card so that you can buy cold/allergy medicine, pain relievers, toothpaste, soap, shampoo, and more. You'll get up to $1,500 during the year to use at stores like CVS Pharmacy, Walgreens, and Target. You can also order items through Medline—by phone or online with free home delivery.

If you have a qualifying chronic condition: Each calendar quarter, $200** of your Save Now dollars are set aside for healthy food and $175 for you to buy health and personal care items. Not all members qualify. To learn more, contact Fallon Health.

When do I use this form?

If you have paid for any item(s) covered by your Save Now card but didn't use your Save Now card to pay for eligible item(s). Please note the reimbursement will be deducted from your Save Now balance.

How do I get my reimbursement?

- Complete the form on the back of the flyer and return it to us.
- Submit dated original receipts and copies of bank/credit card statements showing the charge for your eligible items before March 31 of the following year for expenses incurred January 1 through December 31.

We accept multiple receipts and requests on 1 form, so you can be reimbursed all at once!

Reimbursement is subject to approval by Fallon Health. Please allow 4-6 weeks from the date we get the completed form for payment.

Need more copies of this form?

Visit fallonhealth.org/navicare and click on "Plan documents and forms" under "Member resources."

1-877-700-6996 (TRS 711)

8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31)

fallonhealth.org/navicare

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** $375 is added to the Save Now card on a quarterly basis—in January, April, July, and October. The amount remaining on the card expires at the end of each quarter. Money does not roll over to the next quarter. Total yearly spend amount is based on a 12-month, calendar year, plan membership.*

***The $200 (per calendar quarter) food benefit is part of a special supplemental program for the chronically ill. To qualify, enrollees must have chronic-condition diagnoses documented with Fallon Health, such as cardiovascular disorders, chronic and disabling behavioral health conditions, chronic lung disorders, diabetes, and neurologic disorders. This is not a complete list of eligible chronic conditions. Not all members with an eligible condition will qualify. Other eligibility and coverage criteria also apply.*

NaviCare® Save Now Card Reimbursement Form

Use this form to request a reimbursement for eligible items.

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	
Name:	Telephone number: ( )
Date of birth:	NaviCare ID card number:

REQUESTOR information	
Is this form being completed by a Fallon Health staff member on the member's behalf? ☐ Yes ☐ No	
Is the requestor someone other than the member? ☐ Yes ☐ No	
Name of the person requesting the reimbursement:	
Relationship to member:	☐ AOR ☐ POA
Requestor's address:	Requestor's telephone number:
Has the member approved that the reimbursement check be issued to the requestor? ☐ Yes ☐ No	

PURCHASE information		
Retailer(s) where item(s) was purchased:		
City/state of retailer(s):		
Date of purchase:	**Charge**	**Amt. Paid**
Description of item(s) purchased:		

Certification and authorization

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

Member's or Representative's signature:

_____

Date: _____

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