

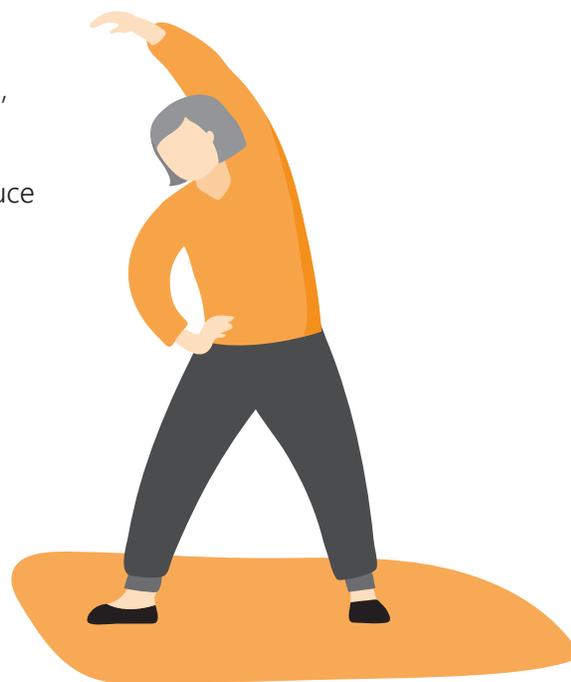
\$400 to help you get fit

At Fallon Health, we care about our members. We are proud to offer a \$400 wellness benefit to our NaviCare® SCO and HMO SNP members.

How will you use your \$400? You choose.

You can use this benefit with many different health-related activities. Get reimbursed up to \$400 each calendar year for:

- 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
- New cardiovascular fitness equipment like a treadmill, elliptical machine, or stationary bike
- Electronic fitness monitors, such as a new Fitbit, Apple Watch, or other fitness tracker



How do you get your reimbursement?

- Complete the form on the back of this flyer.
- Submit the original dated, paid receipt(s). The receipt should be clear what activity/equipment was purchased.
- For eligible items/services that don't have a receipt, such as memberships, classes, or programs, submit a readable copy of an itemized bill, health club contract, or fitness class/program registration form from the qualified facility or program. These must show the name of the NaviCare member and beginning and end dates of activity.

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

Wellness Benefit Reimbursement Form

NaviCare members may request up to \$400 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 ID # (located on the front of your card)	Telephone number	

Activity or item for reimbursement**

Type of activity or item	Program/gym name (if applicable)	Benefit year	Amount requested

Information needed for reimbursement

- This completed form.
- Dated original receipts or copies of bank/credit statements showing the charge is for fitness membership or classes, new cardiovascular fitness equipment, or a new electronic fitness tracker. Note: original receipts will not be returned. The receipts should reflect the dollar amount you are requesting. We'll only reimburse for the amount reflected on these receipts/statements—up to \$400. If you paid by check, please send a copy of the front and back of the cancelled check.
- For eligible items/services that don't have a receipt, such as memberships, classes, or programs, submit a readable copy of an itemized bill, health club contract, or fitness class/program registration form from the qualified facility or program. These must show the name of the NaviCare member and beginning and end dates of activity.

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 authorized 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 or authorized representative 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. Electronic fitness monitors and cardiovascular fitness equipment must be new and purchased within the benefit year at a retail store or at an electronic retailer. Receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

