

\$400 to help you get fit

Fallon Health is proud to offer a \$400 wellness benefit to members of our NaviCare® SCO and NaviCare® HMO SNP plans



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

You can use your wellness benefit for a variety of different health-related activities. We reimburse you up to \$400 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
- 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
- For memberships, classes or programs, 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



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.

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 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.
- ☐ A copy of health club contracts and fitness class/program registration forms, if applicable. These must show the name of the NaviCare member and beginning and ending dates of activity.
- ☐ Dated original receipts or copies of bank/credit statements showing the charge for membership, classes or nutritional counseling, cardiovascular fitness equipment or a new electronic fitness tracker (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—up to \$400. 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 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 or authorized representative'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. 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).

