

# Flex Benefit Reimbursement Form

Fidelis Care New York is pleased to provide a Flexible Spending Account (Flex Benefit) to you as a member of Fidelis Medicare Advantage or Fidelis Dual Advantage. This Flex Benefit is to be used for items related to health care and gives you more services that you would not normally receive through most Medicare Advantage plans. **If you purchase non-health care-related items, you will NOT be reimbursed. Remember that your Flex benefit is only available to you. You may NOT use your benefit to buy items for anyone else, including those who live with you.**

Your Flex Benefit is based on services received in a calendar year. Any unused benefit as of December 31<sup>st</sup> each year will be forfeited. You are eligible to receive payment from us for up to the following amounts:

Fidelis Medicare Advantage without Prescription Drugs	Flex Benefit is not available
Fidelis Medicare Advantage	Flex Benefit is not available
Fidelis Medicare Advantage Flex	\$550
Fidelis Medicare Advantage Part B Reduction	Flex Benefit is not available
Fidelis Dual Advantage	\$550
Fidelis Dual Advantage Flex	\$1,000 plus \$125 quarterly OTC benefit

You must pay for the item or service first and then submit the receipt to us along with this form.

If you have any questions about how the Flex Benefit works, please call our Member Services Department. **You should also call our Member Services Department if you do not see the item you wish to purchase from the list that is on the other side of this page.** Our Member Services staff can let you know if the item you want to purchase is eligible for reimbursement. If you obtain a service or buy an item that is not on our list and you do not contact Member Services before you buy the item or obtain the service, you will not be reimbursed. Member Services should also be contacted if you need extra Flex benefit forms or postage paid return envelopes.

You can call Member Services toll free at 1-800-247-1447. From November 15<sup>th</sup> to March 1, we are open seven (7) days a week from 8:00 a.m. to 8:00 p.m. From March 2<sup>nd</sup> through November 14<sup>th</sup>, we are open Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY users should call 1-800-695-8544. You can also visit our web site at [www.fideliscare.org](http://www.fideliscare.org) for information concerning your Flex Benefit.

Mail this Flex Benefit Reimbursement Form AND attach your original receipt(s) to:

Fidelis Care New York  
95-25 Queens Boulevard  
Rego Park, New York 11374  
Attention: Member Services Department

Clearly print your name and ID number on each receipt just in case your receipt gets separated from your form.

We are pleased that you have chosen Fidelis Care New York as your health insurer and hope that you are happy with the features, benefits and services of our program.

H3328 1009 FC 09118  
Last Updated 09/2009

Please fill in the information below. Remember to check off the type of service you received, the date of service, the amount of the service AND attach the original receipt. This original receipt **MUST** have a description of the item(s) that you purchased. Receipts with only a price will not be honored. **You will not be reimbursed if you do not submit a valid receipt.**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Member ID#:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Member Address:** \_\_\_\_\_

**Member City/State/ZIP:** \_\_\_\_\_

Please check (✓) the type of service(s) for which you are seeking reimbursement and write in the date of service and the amount you paid.

<u>Type of Service</u>	<u>Date of Service</u>	<u>Amount You Paid</u>
<input type="checkbox"/> <b>Dental</b>	_____	_____
<input type="checkbox"/> <b>Health Club/Fitness Center</b>	_____	_____
<input type="checkbox"/> <b>Acupuncture</b>	_____	_____
<input type="checkbox"/> <b>Smoking Cessation</b>	_____	_____
<input type="checkbox"/> <b>Weight Loss Programs</b>	_____	_____
<input type="checkbox"/> <b>Prescription Eyewear</b>	_____	_____
<input type="checkbox"/> <b>Medical Services Transportation</b>	_____	_____
<input type="checkbox"/> <b>Durable Medical Equipment</b>	_____	_____
<input type="checkbox"/> <b>Over-the-counter medications</b>	_____	_____
<input type="checkbox"/> <b>Hearing Aids</b>	_____	_____

I attest that the items for which I am seeking payment were purchased for my own personal use and were not acquired for use by anyone else I understand that the Flex Benefit is only for health-related items and Fidelis Care New York, in its sole discretion, can refuse to pay for items that I may have purchased that are considered non-health related. I also understand that I have the right to file a grievance if I do not agree with the decision that Fidelis Care New York made in regards to payment of my Flex Benefit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Flex Benefits Detailed Covered Services As of January 1, 2010**

## **Dental**

- Cleanings
- Crowns
- Extractions
- False Teeth
- Fillings
- Fluoride Treatments
- Partial
- Root Canals
- Routine Exams
- X-Rays

## **Health Club/Fitness Center**

- Fitness Classes (Cardiovascular, strength training, etc.)
- Health Club/Fitness Center Annual Memberships
- Health-related Classes (Pilates, yoga, tai chi, etc.)
- Health-related Courses (Stress management, etc.)
- Water Fitness Classes

## **Holistic Programs**

- Acupuncture

## **Weight Loss Programs**

- Exercise-related Programs (food will not be covered)

## **Prescription Eye Wear**

- Bifocals (Lined or progressive)
- Contact Lenses
- Frames
- Photo-ray Lenses
- Prescription Eyeglasses
- Prescription Sunglasses
- Trifocals (Lined or progressive)

## **Medically Necessary Transportation**

Taxi service, bus fare, subway fare, transportation vans are covered when traveling to and from:

- Clinics
- Dentists
- Doctor offices
- Hospital
- Medical Centers
- Pharmacies

## **Durable Medical Equipment**

- Grab Bars
- Bath Seat

## **Over-the-Counter Medications**

- See the Over-the-Counter (OTC) List

## **Hearing Aids**

- Analog or Digital Hearing Aids(installed behind-the-ear or in-the-ear)
- Hearing Aid Batteries