FIDELIS CARE®

Your Flex Benefit | Reimbursement Form

Please fill in the information below. Remember to check the type of service or purchase, fill in the date of the service or purchase, and attach the original receipt(s). **Remember, the original receipt(s) must have an itemized description of the item(s) or service(s) you purchased.** To be considered an itemized receipt, the receipt must include a description of the item(s) or service(s), the proof of paid amount, the date, and the location of purchase.

Member ID: Member Name:

Address:

City: State: Zip:

Type of Service or Purchase	Date of Service or Purchase	Amount You Paid*
☐ Dental		
☐ Health Club/Fitness Center		
☐ Acupuncture		
☐ Smoking Cessation		
☐ Weight-Loss Programs		
☐ Prescription Eyewear		
☐ Hearing Aids and Batteries		
☐ Durable Medical Equipment		
☐ Over-the-Counter Purchases**		
☐ Medical Services Transportation***		

***Original receipt must be attached, showing information on the specific item(s) or service(s) including a description, proof of paid amount, date, and location of purchase. The receipt must show payment was tendered for proof of paid amount. Credit card statements are NOT acceptable.**

****Explanation of many purchases may be required (for example, additional blood-pressure monitors, vitamins, or compression stockings). Please see pages 4-6 for a complete list of covered and non-covered over-the-counter items.**

*****For Medical Services Transportation, in addition to a receipt, please have the doctor or health-related provider complete the attached Medical Services Transportation form on page 7, attesting to the visit for which transportation is being billed.**

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 my health-related items and services, and Fidelis Care, in its sole discretion, can refuse to pay for items or services 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 made in regard to payment of my Flex Benefit.

☐ **I have attached all original, itemized receipts for the item(s) or service(s) I purchased**

Signature **Date**

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3 Easy Steps to Follow

1. **COMPLETE:** Fill out the Flex Benefit Reimbursement Form found on page 1. **Refer to the attached list for health care-related items and services covered under the Flex Benefit BEFORE making your purchase.**

2. **ATTACH:** Attach your itemized receipts to the Flex Benefit Reimbursement Form. Your receipts must have a list of item(s) or service(s) purchased, including the description, the proof of paid amount, the date, and the location of purchase. Receipts listing only a price will not be honored. No credit card statements, please.

3. **MAIL:** Mail the Flex Benefit Reimbursement Form, with attached itemized receipts, to:

Fidelis Care
480 CrossPoint Parkway
Getzville, NY 14068
Attention: Medicare Flex Benefit Reimbursement

Remember, you must submit the Flex Benefit Reimbursement Form and itemized receipts within **90 days** of purchase of the items or services.

Upon receipt of a complete and legible Flex Benefit Reimbursement Form with itemized receipts, Fidelis Care has 30 days to reimburse you. The paid date is determined by the date on the check from Fidelis Care.

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Your Flex Benefit | What You Need To Know

What is a Flex Benefit?
Fidelis Care provides you with a Flexible Spending Account (Flex Benefit) as part of the Fidelis Medicare Advantage Flex or Fidelis Dual Advantage Flex plans. The Flex Benefit allows you to be reimbursed for purchases or services that are related to health care, and that you would not normally receive through other Medicare Advantage plans.

This benefit is only available to you. You will NOT be reimbursed for purchases or services for anyone else, even if they live with you. Also, you will NOT be reimbursed for items or services that are not related to health care.

Reimbursement is available for these Fidelis Care plans only, and up to these amounts:
- Fidelis Medicare Advantage Flex $400
- Fidelis Dual Advantage Flex $400

What is the Time Frame?
Your Flex Benefit is based on services received in a calendar year, from January 1 to December 31. Any unused benefit as of December 31 each year is forfeited.

You must pay for the item or service first, and then submit the itemized receipt to Fidelis Care, along with the Flex Benefit Reimbursement Form. **Please remember that you must submit receipts to Fidelis Care within 90 days from the date of purchase or service.**

What Items and Services are Eligible for Reimbursement?
Please see the list of health care items and services covered under this benefit on page 4.

If you do not see the item or service you wish to purchase on the list, call Fidelis Care Member Services BEFORE purchasing. You will NOT be reimbursed if you buy items or receive services not on the list before calling Member Services. You will be reimbursed for a maximum of 3 of any particular item.

Questions? Fidelis Care Member Services is Here to Help!
Member Services is available toll free at 1-800-247-1447; TTY 1-800-695-8544. From October 1 to February 14, we are open seven days a week, from 8:00 a.m. to 8:00 p.m. From February 15 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m.

Call Member Services if you have any questions or need more Flex Benefit Reimbursement Forms. You can also find more Flex Benefit Reimbursement Forms on our website at **www.fideliscare.org,** along with more information about this benefit.

Fidelis Care is pleased to provide you with this Flex Benefit.
Your satisfaction with your care and coverage comes first.

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Your Flex Benefit | Covered Items and Services

Dental

- Cleanings (in addition to existing dental coverage)
- Crowns
- Extractions
- False teeth / dentures
- Fillings
- Fluoride treatments (in addition to existing dental coverage)
- Partials
- Root canals
- Routine exams (in addition to existing dental coverage)
- 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)
- Additional routine exams (your vision insurance, Davis Vision, covers one routine exam per year; your Flex Benefit should be used for exams after your first covered routine exam).

Medically Necessary Transportation

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

- Clinics
- Dental offices
- Doctor offices
- Hospital
- Medical centers
- Pharmacies

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Other Covered items

Antibiotics - topical (Neosporin, Bacitracin)
Aspirin
Bandages
Blood-pressure monitor/cuff (1 per benefit year)
ChapStick - medicated
Cold sore/blister medications (Abreva)
Colon cleanse, colonoscopy prep
Cough/cold/flu medicine/cough drops (Tylenol Cold & Flu, Advil Cold & Sinus)
Dental care (toothbrushes, toothpaste, mouthwash, Poligrip, Orajel)
Diabetic supplies (test strips, lancets, and monitors)
Epsom salt (anti-itch, muscle-soothing salt)
Eye drops (allergy, lubricants)
Eyelid wipes (prep for surgery)
Foot care (callus removers, bunion, blister, and corn treatments)
Hemorrhoid medications (Preparation H)
Orthopedic travel pillow
Weight-loss drops
Infinite Possibilities weight-loss program
Ibuprofen (Motrin, Advil)
21 Day Fix
Lactose-intolerant medications (Lactaid, Lactrase) - not milk
Children's Tylenol or Aspirin
Laxatives (Diocto, Dulcolax, Colace)
Calcium
CPAP wipes
911 Help pendant
Medical ID bracelet / tag
Rash ointments (A+D, Desitin, Balmex, etc.)
Rubbing alcohol, peroxide, witch hazel
Smoking-cessation aids (Nicorette gum and pills); not e-cigarettes
Sunscreen; not lotion with sunscreen
Vitamins and minerals

Herbal Remedies

Acidophilus
Agracejo (liver tonic)
Aloe vera
Astragalus
Bacopa monnieri
Borage oil/starflower oil
Brewer's yeast
Echinacea
Enzymes
Flax seed
Folic acid
Grape leaves/seed
Kavinace
L-Theanine
Mega-T
Omega 3 fatty acids
Osteo Bi-Flex
Pimpinella herbal plant
Policosanol
Pycnogenol - Pine Bark Extract
Spirulina
TravaCor
Uña de gato - cat's claw
Valerian

Nutraceutical

Cod liver oil
Fish oil
Glucosamine with MSM
Glucosamine Chondroitin
Glucosamine Sulfate
Polyglycol
Red yeast rice
Selenium
Shark cartilage
Super DHA fish oil
Thyroid Complex
Ultra Sytrinol
Ultra Nattokinase

Other/Miscellaneous

Contact lens case/solution
Ensure
Glucerna
Hearing-aid batteries
Lotion
Reading glasses OTC
Travel first-aid kits
Probiotics
Acidophilus
L. acidophilus
Bifidobacteria (Bifidus)
L. salivarius
L. rhamnosus
L. plantarum
Lactobacillus
Primadophilus

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Your Flex Benefit | Covered Items and Services

Durable Medical Equipment
Grab bars
Bath seat / shower seat
Canes or crutches
Pressure stockings
Bed alarms
Incontinence pads and supplies
Rib belts
Braces
Orthopedic supports (not arch and insole inserts)

Hearing Aids
Analog or digital hearing aids (installed behind the ear or in the ear)
Hearing-aid batteries
First-aid supplies
Bandages
Dressings
Non-sport tapes

Items or services not listed above can still be covered if:
They are one of these medicines, ointments, or sprays with an active medical ingredient: analgesics (which reduce pain, inflammation), anti-acid, anti-arthritics, antibiotics, anti-radicals, anti-diarrheas, anti-fungals, anti-gas, antihistamines, anti-inflammatory, anti-insect, anti-itch, anti-parasitic, antiseptics, anti-pyretics (fever-reducing), decongestants, digestive aids, ear drops, expectorants (mucus), eye drops, laxatives, lactose-intolerance products (medicated), lip products (medicated), pediculicide, steroids, or sunscreen;
Or, they treat one of the following conditions with a medicine, ointment, or spray with an active medical ingredient: acne, allergy, arthritis, asthma, blood clotting, bruises, burns, calluses, corns, colds, cold sores, cough, diabetes, flu, dermatitis, eczema, gastrointestinal, hay fever, headaches, hemorrhoidal, incontinence, influenza, lice, menopausal, menstrual, sinus, motion sickness, nasal, osteoporosis, pain, psoriasis, rash, respiratory, scars, sleep, smoking, snoring, sore throat, stomach problems, travel sickness, thrush, wart, worms, wounds.

The following items are NOT eligible:

Baby medicines
Dehydration drinks
Dry-skin lotions (such as, Eucerin, Aquaphor)
Food supplements.
Contraceptives
DairyCare
Lactaid milk is a food (not a medicine) and non-eligible
Shampoo and shampoo to fight dandruff
Hair-loss products
Lip balms
Deodorants and antiperspirants
Facial cleansers
Feminine products
Grooming devices
Hair conditioners
Hair-removal products
Hair bleaches
Moisturizers
Perfumes
Shaving and grooming products for men or women
Soaps and body washes

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Your Flex Benefit | Medical Services Transportation Form

If you are filing for Medical Services Transportation reimbursement, please have your doctor or health-related provider complete this form. **You can use this form for up to three separate visits**. Please include this form, as well as your itemized receipts, when you send your Flex Benefit Reimbursement Form.

I hereby acknowledge that: ____________________________ was seen in my office on _____________.
Patient Name Date

______________________________________ ______________________________________
Medical Provider Name Fidelis Care Member ID

____
Type of transportation and the cost for each trip* (to and from medical provider's office)
*For Metro Card purchases, write the current fare for each trip when using a multi-ride Metro Card.

I hereby acknowledge that: ____________________________ was seen in my office on _____________.
Patient Name Date

______________________________________ ______________________________________
Medical Provider Name Fidelis Care Member ID

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