

2022 Wellness Wallet Reimbursement Form



MARTIN'S POINT
MEDICARE ADVANTAGE PLANS
GENERATIONS ADVANTAGE

Important:

- ▶ Before filling out this form, please read instructions below. **Incomplete information may result in a delay or denial of your claim.** If your claim is denied due to incomplete information, you will need to resubmit your reimbursement request.
- ▶ You may submit more than one purchased item or service on a form. Please provide receipts for each item requesting reimbursement. You may submit for reimbursement immediately after your purchase, you do not need to wait until the end of the year.
- ▶ We will need to see **WHAT** you purchased, **HOW MUCH** it cost, and **HOW YOU PAID** for it. Provide **COPIES** of documents only, please keep your originals.
- ▶ If you are not sure if your purchase is eligible for reimbursement, please call Martin's Point Generations Advantage Member Services at 1-866-544-7504.
- ▶ Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of claim processing.
- ▶ Notification of approval or denial of your request for a Wellness Wallet reimbursement will appear on your Explanation of Benefits (EOB) document which will be mailed to you.

Please visit MartinsPoint.org/WellnessWallet or call Member Services for additional details.

Instructions

NOTE: To be eligible for reimbursement, the date of service or purchase must be within your period of enrollment in a Generations Advantage plan in 2022 and you must submit your claim by March 31, 2023. Please note: We will reimburse in full (up to the 2022 Wellness Wallet limit) if your fitness/gym membership extends into the 2023 calendar year.

- 1. Please print this two-sided form** and fill in all fields on the reverse side of the form. Be sure to sign the form. Incomplete information may result in a delay or denial of your claim. If denied due to incomplete information, you will need to resubmit your reimbursement request.
- 2. Provide copies only of itemized receipt and proof of payment** (e.g. bank or credit card statement/receipt, etc.). Do NOT send originals, please.
- 3. Upon completion return to:**
Martin's Point Generations Advantage Claims Department
PO Box 11410
Portland, ME 04104-9863

If request is complete and item is eligible for reimbursement, you should receive a check within four to six weeks.

Request For Wellness Wallet Reimbursement

(Please print.)



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A Member Name: _____ Member Date of Birth: _____

Member Signature: _____ Plan Member ID #: _____

B Please check which 2022 purchase(s) you wish to be reimbursed for.

COPIES of itemized receipt and proof of purchase required for each item/service.

Membership Fees and Day/Season Passes: Gym Bowling Cycling club Fitness club
 Golf Skiing Horseback riding Sport club/league Mini-golf Pool or YMCA Squash club

Classes/Lessons: Dance Horseback riding Martial arts Tennis Yoga Online fitness
 Fitness classes Kayak lessons Ski lessons

Equipment: Non-recreational, at-home fitness equipment Bicycles (standard and power-assist)
 Sport helmet Fishing rods/tackle Fitness sneakers Hiking or winter boots Kayak/canoe
 Crampons for footwear (microspikes, Yaktrax, etc.) Skis Walking/hiking poles
 Water-reservoir backpacks Water reservoirs Wearable fitness tracker (including Apple Watch
 and other smart watches) Wet suit

Supplies/Repairs: Athletic tape Braces worn while working out (back, wrist, ankle)
 Safety lights that attach to bikes, helmets, or on person Reflective safety wear
 Bicycle repair Exercise equipment repair

Naturopathic Services: Acupuncture* Naturopathic services*

Eyewear*: Prescription lenses, frames, contact lenses (*Note: Alliance (HMO) plan members cannot use Wellness Wallet benefits for eyewear. Please use your separate eyewear allowance.)

Fitness: Personal trainer at a facility* Workout videos/streaming, apps, subscription

Nutrition/Dietary: Nutrition/dietary classes* Nutrition/dietary counseling
 Weight management program Weight Watchers (food not reimbursable)

Face Masks: Face Masks (Exclusions: N95 respirators and homemade cloth mask supplies)

OTHER Description of Item or Service: _____

C	Service Provider/Store	Date of Service	Amount Paid**
Item 1			
Item 2			
Item 3			

*Please note some items and services have restrictions.

Please visit MartinsPoint.org/WellnessWallet or call Member Services for details.

**We reimburse up to annual amount for item/service, taxes, fees, shipping/delivery, and assembly.