

2024 Member Reimbursement Form Wellness Wallet/Eyewear



MARTIN'S POINT
MEDICARE ADVANTAGE PLANS
GENERATIONS ADVANTAGE

Important:

• NEW IN 2024!

- » **Online Reimbursement Requests:** You can submit your reimbursement request online at MartinsPoint.org/WellnessWallet or by mail using this form.
- » **Eyewear Benefit:** Please use this form to request reimbursement for prescription eyewear. Note that the prescription eyewear allowance is separate from the Wellness Wallet allowance. For information about eyewear benefit, go to MartinsPoint.org/Eyewear.
- » **Reimbursement Request Deadline Change:** Requests for 2024 must be received by April 30, 2025.
- » **Annual Membership/Fees Benefit Change:** For annual memberships/fees/passes, reimbursements (up to your plan's Wellness Wallet amount) are limited to those purchased in 2024 and with dates of service beginning in 2024. Examples include gym, fitness, golf memberships, ski passes, sport club fees, etc.

- Before filling out this form, please read instructions below. **Incomplete information may result in a delay or denial of your request.** If your request is denied due to incomplete information, you will need to send your reimbursement request again including the missing information.
- 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 (TTY: 711).
- Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of processing your request.
- Notification of approval or denial of your request for a Wellness Wallet/Eyewear reimbursement will appear on your Explanation of Benefits (EOB) document which will be mailed to you.

Instructions

NOTE: See NEW FOR 2024 section above for changes to request submission deadlines and annual membership/fee reimbursements.

- 1. Print and fill in all fields of the form.** Be sure to sign the form. Incomplete information may result in a delay or denial of your request. If denied due to incomplete information, you will need to send your reimbursement request again including the missing information.
- 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, send to:** Martin's Point Generations Advantage Claims Department
PO Box 3003
Fargo, ND 58108

If request is complete and item is eligible for reimbursement, you should receive a check within four to six weeks. Processing time may vary throughout the year.

2024 Request For Member Reimbursement



(Please print. Must be received by April 30, 2025.)

A Member Name: _____ Member Date of Birth: _____

Member Signature: _____ Plan Member ID #: _____

B Please check which 2024 purchase(s) you wish to be reimbursed for.

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

Wellness Wallet Benefit:

Classes/Lessons: Dance Martial arts Tennis Yoga Workout Videos/Streaming Apps
Subscription Fitness classes/personal trainer at facility Kayak lessons Ski lessons

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

Equipment: Non-recreational, at-home fitness equipment Bicycles (standard and power-assist)
Sport helmet Kayak/canoe Non-leisure footwear (i.e. sneakers) Skis Walking/hiking poles
Wearable fitness tracker (including Apple Watch and other smart watches)

Supplies/Repairs: Braces worn while working out (back, wrist, ankle) Reflective safety wear
Bicycle repair Exercise equipment repair Face masks

Alternative Therapies and related supplies: Acupuncture* Naturopathic services*
Acupressure*

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

OTHER Description of Item or Service: Other Approved Supplies or Equipment
Other Approved Alternative Therapies Other Approved Classes, Lessons, or Leagues
Approved Item/Service Not Listed Above

Eyewear (Vision) Benefit:

Prescription lenses Frames Contact lenses

C	Service Provider/Store	Date of Service	Amount Paid**
Wellness Wallet			
Eyewear (Vision)			

*Please note some items and services have restrictions. Please visit MartinsPoint.org/WellnessWallet and MartinsPoint.org/Eyewear or call Member Services for coverage details.

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