



Health New England  
Medicare Advantage

## Using Your 2016 Additional Benefits



Fitness Center/WeightWatchers®/Over-the-Counter Items Allowance, Dental Allowance, Prescription Eyewear Allowance, Wig Allowance, and Other Additional Benefits.

## Using Your 2016 Additional Benefits

- **Fitness Center/Weight Watchers®/Over-the-Counter Items Allowance**
- **Dental Allowance**
- **Prescription Eyewear Allowance**
- **Wig Allowance**
- **Other Additional Benefits**

At HNE, we are committed to meeting your health care needs. That's more than just covering the services you need if you get sick. It means helping you to improve your overall health.

Here are some things you can do to help you feel as young and physically fit as possible:

- Stay active
- Eat right
- Use the over-the-counter (OTC) items we offer
- Take care of your dental health, vision care and overall wellness

We want to make these important lifestyle choices a little easier for you to make. That's why HNE Medicare Advantage Plan options provide a \$150 Fitness Center/WeightWatchers®/Over-the-Counter Items annual allowance and a \$150 Dental annual allowance.



We also provide you with a \$100 allowance for prescription eyewear every two calendar years and a \$350 allowance per calendar year to get a wig if you are on or have recently undergone chemotherapy.

We are glad you've taken advantage of these programs - it's a great way to maintain or improve your health.

Please use one of the three forms we've attached for your convenience to request reimbursement for expenses that qualify under each allowance. If you have any questions about an allowance or about any of our Plan options, please call our Member Services Department.

## Allowances Chart

Allowance Type	Every Year	Every Two Years
Fitness Center/Weight Watchers®/Over-the-Counter Items	\$150	
Dental*	\$150	
Prescription Eyewear		\$100
Wig (if on chemotherapy)	\$350	

NOTE: Each allowance is paid on a calendar year basis. A calendar year is the twelve month period from January to December. Any unused portion of an allowance cannot be carried over from the one or two calendar year period to the next. \*The Premier 1 plan does not include dental allowance.

The Fitness Center/WeightWatchers®/Over-the-Counter Items allowance is a combined benefit total of up to \$150 per calendar year for either a fitness center membership, WeightWatchers® program, or over-the-counter items.

**Over-the-Counter Items include:**

- shower chairs
- grab bars
- raised toilet seats
- automatic blood pressure cuffs
- bathtub benches/stools
- compression stockings

Call Member Services if you have questions about what items are covered.

Each allowance is subject to the limits described on the previous page and is provided as a reimbursement. You must pay for the items or services first.

## Required Documentation for Allowance Reimbursement

Complete one of the three attached *Request for Member Reimbursement Forms* and send it to the address listed on the form. Enclose original itemized receipts with your request. You also must send us the following supporting documentation.

**For a fitness center membership, please include:**

- A copy of the fitness center contract or membership agreement; and
- Original itemized paid receipts from your fitness center. (If you pay using electronic fund transfer (EFT), please ask for a receipt at your fitness center.) The receipts must include the member's name and the individual charges for the fitness center membership.

**For a Weight Watchers® program, please include:**

- A copy (front and back) of your stamped Weight Watchers® Membership Book (please feel free to black out your weight); and

- An original itemized paid receipt indicating the member's name and charges for Weight Watchers® sessions.

**For over-the-counter items (as detailed earlier), please include your original itemized paid receipts.**

**For Other Allowances:**

- For dental services, please send HNE your original itemized paid receipt(s).
- For prescription eyewear, please send HNE your original itemized paid receipt(s). Eyewear includes prescription lenses, contact lenses and frames.
- For a wig, please send HNE your original receipt along with a written statement from your doctor stating you are undergoing or have recently undergone chemotherapy.

HNE will reimburse you directly for the services that qualify under each allowance. HNE will not send payment to the service provider. You should also keep a copy of the form and any receipts submitted. Please allow 4 to 6 weeks for processing.



## Other Additional Benefits

**Hearing Exams** - HNE covers one supplemental routine hearing exam per calendar year with a copayment. You can obtain this service from a network providers and they will bill HNE for the service.

**Vision Exams and Refraction** - HNE covers one supplemental routine vision exam per calendar year at no cost to you. The cost of refraction testing (an exam that measures how well you can see at specific distances) is also covered. You can obtain this service from any network provider and they will bill HNE for the service.



**Nutritional Education** - HNE offers medical nutrition education with an order from your physician if medically necessary. This benefit is not limited to individuals with diabetes or kidney disease. You can obtain this service from network providers and they will bill HNE for the service. This benefit is limited to four one-hour visits per calendar year.

**Physical Exam** - Original Medicare covers an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. HNE covers this along with a comprehensive physical, hands-on exam each year as an additional benefit at no cost (\$0) to you. Contact your primary care provider to schedule your next physical.

## Teladoc

Health New England Medicare beneficiaries have access to Teladoc for phone or online video consultations with U.S. board-certified physicians 24/7/365. Teladoc is not meant to replace your PCP; it is a convenient and low cost alternative to an urgent care center or emergency room visit to treat non-emergency medical issues such as flu, allergies, ear infections and more. Teladoc is available starting 1/1/16. To request your Teladoc consultation, call 800.835.2362 or visit Teladoc.com.

These additional benefits are covered under all Massachusetts HNE Medicare Advantage Plans: HNE Medicare Premium (HMO); HNE Medicare Premium No Rx (HMO); HNE Medicare Plus (HMO); HNE Medicare Basic (HMO); HNE Medicare Basic No Rx (HMO); HNE Medicare Value (HMO), and under all Connecticut HNE Medicare Advantage Plans: HNE Premier 1 (HMO); HNE Premier 2 (HMO) and HNE Premier 3 (HMO-POS).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

HNE Medicare Advantage is an HMO plan with a Medicare contract. Enrollment in HNE Medicare Advantage depends on contract renewal.

If you have any questions about this form or your additional benefits, please call HNE Medicare Advantage Member Services at:

**413.787.0010 or  
877.443.3314 or  
TTY/TDD 800.439.2370**



**A representative is available:**

**8:00 a.m. - 8:00 p.m.**

**Monday through Friday**

# ADDITIONAL BENEFITS

Fitness Center/Weight Watchers®/Over-the-Counter Items, Dental, Prescription Eyewear and Wig Allowances

## REQUEST FOR MEMBER REIMBURSEMENT FORM

Today's Date:	Member Name:
Member Address:	
Health New England ID Number: (Shown on the front of your Identification Card)	
Amount Requested: \$	
Date(s) of Service/Purchase Date:	
Reimbursement is for (check one): <ul style="list-style-type: none"><li>• Fitness Center/Weight Watchers®/Over-the-Counter Items reimbursement program (limited to \$150 per calendar year.)</li><li>• Dental Services* (limited to \$150 per calendar year.)</li><li>• Prescription Eyewear (limited to \$100 for prescription eyewear every two calendar years.)</li><li>• Wig - if on or recently undergone chemotherapy (limited to \$350 per calendar year. Please include a statement from your doctor).</li></ul> *The Premier 1 plan does not include dental allowance.	
You must attach original itemized paid receipts for the service provider along with any other required documentation explained in the brochure. <b>At minimum, you must attach:</b> <b>1) Proof of Service:</b> Original itemized bill or fitness center contract or membership bill, listing name, dates of service, services provided, amount charged and amount paid <b>2) Proof of Payment through one of the following:</b> Front and back of a cancelled check, the bank encoded front of the check OR a credit card statement OR a credit card or cash register receipt	

*Please make a copy of this form if you are requesting reimbursement for more than one allowance program.*

Once you have completed this form and attached all itemized paid receipts and required documentation, please mail the form and attachments to the below address for processing.

**HNE Medicare Advantage  
Claims Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500**

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by HNE no later than March 31.

# ADDITIONAL BENEFITS

Fitness Center/Weight Watchers®/Over-the-Counter Items, Dental, Prescription Eyewear and Wig Allowances

## REQUEST FOR MEMBER REIMBURSEMENT FORM

Today's Date:	Member Name:
Member Address:	
Health New England ID Number: (Shown on the front of your Identification Card)	
Amount Requested: \$	
Date(s) of Service/Purchase Date:	
Reimbursement is for (check one): <ul style="list-style-type: none"><li>• Fitness Center/Weight Watchers®/Over-the-Counter Items reimbursement program (limited to \$150 per calendar year.)</li><li>• Dental Services* (limited to \$150 per calendar year.)</li><li>• Prescription Eyewear (limited to \$100 for prescription eyewear every two calendar years.)</li><li>• Wig - if on or recently undergone chemotherapy (limited to \$350 per calendar year. Please include a statement from your doctor).</li></ul> *The Premier 1 plan does not include dental allowance.	
You must attach original itemized paid receipts for the service provider along with any other required documentation explained in the brochure. <b>At minimum, you must attach:</b> <b>1) Proof of Service:</b> Original itemized bill or fitness center contract or membership bill, listing name, dates of service, services provided, amount charged and amount paid <b>2) Proof of Payment through one of the following:</b> Front and back of a cancelled check, the bank encoded front of the check OR a credit card statement OR a credit card or cash register receipt	

*Please make a copy of this form if you are requesting reimbursement for more than one allowance program.*

Once you have completed this form and attached all itemized paid receipts and required documentation, please mail the form and attachments to the below address for processing.

**HNE Medicare Advantage  
Claims Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500**

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by HNE no later than March 31.

# ADDITIONAL BENEFITS

Fitness Center/Weight Watchers®/Over-the-Counter Items, Dental, Prescription Eyewear and Wig Allowances

## REQUEST FOR MEMBER REIMBURSEMENT FORM

Today's Date:	Member Name:
Member Address:	
Health New England ID Number: (Shown on the front of your Identification Card)	
Amount Requested: \$	
Date(s) of Service/Purchase Date:	
Reimbursement is for (check one): <ul style="list-style-type: none"><li>• Fitness Center/Weight Watchers®/Over-the-Counter Items reimbursement program (limited to \$150 per calendar year.)</li><li>• Dental Services* (limited to \$150 per calendar year.)</li><li>• Prescription Eyewear (limited to \$100 for prescription eyewear every two calendar years.)</li><li>• Wig - if on or recently undergone chemotherapy (limited to \$350 per calendar year. Please include a statement from your doctor).</li></ul> *The Premier 1 plan does not include dental allowance.	
You must attach original itemized paid receipts for the service provider along with any other required documentation explained in the brochure. <b>At minimum, you must attach:</b> <b>1) Proof of Service:</b> Original itemized bill or fitness center contract or membership bill, listing name, dates of service, services provided, amount charged and amount paid <b>2) Proof of Payment through one of the following:</b> Front and back of a cancelled check, the bank encoded front of the check OR a credit card statement OR a credit card or cash register receipt	

*Please make a copy of this form if you are requesting reimbursement for more than one allowance program.*

Once you have completed this form and attached all itemized paid receipts and required documentation, please mail the form and attachments to the below address for processing.

**HNE Medicare Advantage  
Claims Department  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500**

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by HNE no later than March 31.



**Health New England**  
Medicare Advantage

One Monarch Place • Suite 1500  
Springfield, MA 01144-1500  
413.787.0010 • 877.443.3314  
TTY/TDD 800.439.2370

[hne.com/medicare](http://hne.com/medicare)

H8578\_2016\_037R Approved