

Flexible Benefit Card reimbursement

Form and instructions

What are the benefits under the Flexible Benefit Card?

The Flexible Benefit Card is a preloaded Mastercard® with quarterly or annual allowances to use towards your supplemental benefits such as over-the-counter items, wellness and prescription hearing aids, and non-emergent transportation to medical visits.

If you forgot your Flexible Benefit Card or you had difficulty using your card, please submit this completed reimbursement form to Mass General Brigham Health Plan. We will review your request and reimburse you based on your plan allowance and subject to the applicable benefit as described in your Evidence of Coverage.

Visit MGBAdvantageOTC.org or call **800-695-5306** (TTY:711) for information about your Flexible Benefit Card account balance.

How do I request my Flexible Benefit Card reimbursement?

Reimbursement requests for items covered during the benefit year must be received by Mass General Brigham Health Plan no later than March 31. There are three ways to submit your request form:

Submit by mail or fax

Complete the form on the back of this flyer and mail to:

Mass General Brigham Health Plan
Attention: Medicare Advantage Claims
399 Revolution Drive, Suite 850
Somerville MA 02145

You will not get confirmation of your request. Please allow 30-45 days for processing.

You can also fax your request form to **617-526-1905**.

Submit on our member portal

The most convenient way to request your reimbursement is on Member.MGBHP.org

- Complete your form online
- Get confirmation of your submission right away

Please allow 30-45 days for processing

Flexible Benefit Card reimbursement request form

Member information

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY	STATE ZIP
TELEPHONE NUMBER	MEMBER ID# (located on the front of the Mass General Brigham Health Plan ID card)	

Which benefit(s) you are requesting reimbursement for? Check all that apply, provide the purchase amount, date of purchase, and method of purchase.			
<input type="checkbox"/> Over-the-counter drugs and supplies	Purchase amount:	Retailer/merchant name: Item description: Item amount:	Date:
<input type="checkbox"/> Fitness	Purchase amount:	Retailer/merchant name: Item description: Item amount:	Date:
<input type="checkbox"/> Weight loss	Purchase amount:	Retailer/merchant name: Item description: Item amount:	Date:
<input type="checkbox"/> Prescription hearing aids	Purchase amount:	Retailer/merchant name: Item description: Item amount:	Date:
<input type="checkbox"/> Non-emergent transportation	Purchase amount:	Retailer/merchant name: Item description: Item amount:	Date:

Please note:

- The deadline to request your Flexible Benefit Card reimbursement benefit for each calendar year is March 31 of the following year. Once reimbursement is validated, your funds will be deducted from the balance of the benefit allowance in the quarter in which items were purchased.
- In order to validate your reimbursement, we may contact you and request additional documentation. Upon receipt of complete documentation, it may take up to 14 days to process your request.

Certification/authorization

The member must sign and date below. The Flexible Benefit Card reimbursement is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information in order to process the request for reimbursement.

To the best of my knowledge and belief, my statements in the Mass General Brigham Health Plan Flexible Benefit Card reimbursement request form are complete and true. I am claiming the coverage amount as indicated in my Evidence of Coverage.

MASS GENERAL BRIGHAM HEALTH PLAN MEMBER'S SIGNATURE DATE