



# You deserve a little extra this year!







Work with your doctor to pick one free benefit for 2019



Please check with your sales agent or refer to your *Evidence of Coverage (EOC)* to make sure your plan includes these benefits.

## Which benefit is best for you?

Choose the one you and your doctor believe will help you the most. All amounts listed apply to this plan year only.

	<b>Transportation*</b>	Get up to 60 one-way trips from an approved driver to or from health-related appointments, plan services or SilverSneakers® locations. Each trip has a 60-mile limit.
	<b>Personal home helper</b>	Get 31 visits (up to 4 hours each visit) from an in-home caregiver, if you need help with two or more daily living activities, such as cleaning, meal prep and bathing.
	<b>Assistive devices</b>	Get up to \$500 for safety devices, such as shower stools, raised toilet seats and temporary mobility ramps.
	<b>Healthy food deliveries*</b>	Get up to 16 healthy meals delivered to your door four times a year for qualifying events, such as a hospital discharge, or if your A1C is >9.0 or BMI >25.
	<b>Alternative medicine</b>	With plan pre-approval, get up to 24 medically appropriate alternative medicine services, such as acupuncture, acupressure or therapeutic massage.
	<b>Day center visits</b>	Receive reimbursement for one visit (up to 8 hours) per week at a licensed adult day center, if you need help with two or more daily living activities. This includes rides to and from the center.

Check your *EOC* for details and specific eligibility requirements, or call Customer Service at **1-844-879-3610** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

\* If your plan already includes Transportation or Food Delivery, these benefits are in addition to that.



**Essential Extras Selection Form** - Complete form and fax to: **1-800-833-8554**, or mail to: P.O. Box 659403, San Antonio, TX 78265-9714.

**Please PICK ONE of the following benefits:**

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation       | <input type="checkbox"/> Healthy food deliveries |
| <input type="checkbox"/> Personal home helper | <input type="checkbox"/> Alternative medicine    |
| <input type="checkbox"/> Assistive devices    | <input type="checkbox"/> Day center visits       |

Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Member Phone: \_\_\_\_\_

### Member Attestation for Eligibility

☐ I acknowledge and understand that if my plan offers Essential Extras, I am entitled to **ONE** of those benefits for 2019, and I confirm my physician agrees my selection is appropriate for my care. My plan may contact my provider (listed below) if they need more information. I also understand unused benefits do not roll over to the next calendar year.

Provider Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Power of Attorney Name: \_\_\_\_\_

Power of Attorney Signature: \_\_\_\_\_

For day center visits, reimbursement is contingent upon selected center being licensed by governing state and meeting any and all state requirements.

Name of Center: \_\_\_\_\_

Phone: \_\_\_\_\_



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