



Flexible Health Options Benefit Form

HAP Senior Plus (HMO), HAP Senior Plus (HMO-POS) and HAP Senior Plus (PPO)

hap.org/fho

Helpful hints for timely processing of claims:

- Use this form each time you submit a claim.
- Complete one form per family member.
- Keep a copy of all receipts and documents.
- Allow 30 days for processing.

Submit claims to:

HAP Claims Division
Member Reimbursement
2850 W. Grand Blvd.
Detroit, MI 48202

You have 12 months from the membership start date or event date to submit your request for reimbursement.

Step 1: Member Information: (Please Print)

Member Name: _____ HAP ID Number: _____
 Address: _____ Date of Birth: _____
 City, State, Zip: _____
 Phone Number: _____

Step 2: Other Information

a. Check the qualified membership or program you are participating in:

- Membership at a gym, health club or fitness facility
For your safety and to meet Medicare guidelines, HAP requires each gym or other facility to provide you with an orientation session that includes instruction on the proper use of its equipment.*
- Fitness membership or class focused on weight management
- Other fitness activity: _____

b. Attach the proof of payment by taping your receipt(s) to a separate sheet of paper. Please make sure your receipt(s) show 1) the name of the facility or program, 2) the dates or months covered by your payment and 3) the amount you paid.

* The list of gyms, fitness centers and health clubs that have already met the orientation and instruction requirement is on our website at hap.org/fho. If your preferred facility's name is not on the list, please write to us at HAP Medicare Solutions, Health Alliance Plan, 21700 Northwestern Hwy Ste 401, Southfield, MI 48075-9841. Give us the facility's name, address and phone number, so we may get confirmation that they provide orientation and instruction before you begin using the FHO benefit.

The Flexible Health Options benefit may be available in employer group purchased plans.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact HAP. Limitations and restrictions may apply. Benefits may change on January 1 of each year.

Did you...

- Complete one form per family member.

- Keep a copy of all receipts and documents.

- Make sure your receipt(s) show:
 1. the name of the facility or program
 2. the dates or months covered by your payment
 3. the amount you paid

- Address your stamped envelope to:
 - HAP Claims Division
 - Member Reimbursement
 - 2850 W. Grand Blvd.
 - Detroit, MI 48202

HAP Senior Plus (HMO), HAP Senior Plus (HMO-POS) and HAP Senior Plus (PPO) are health plans with Medicare contracts. Enrollment in the plans depends on contract renewals. HAP Senior Plus (PPO) is a product of Alliance Health and Life Insurance Company, a wholly owned subsidiary of HAP.