

Using Your Pick Your Perks Benefit



What is Pick Your Perks?

The Pick Your Perks reimbursement program allows you to choose the supplemental benefits that are most important to you. Simply pay for your eligible services and submit required documentation to receive reimbursement.

You have access to your full Pick Your Perks benefit amount beginning the day your Network Health plan coverage starts. You can use the program for one, or many, of the eligible supplemental benefits. No prior authorization is required and you don't need to notify the plan before you receive services. With Pick Your Perks, you have the freedom to choose the benefits you value most.

What does Pick Your Perks cover?

Pick Your Perks can be used to cover your eligible supplemental benefit expenses that are received within the United States. You cannot use Pick Your Perks to reimburse expenses for any other person, such as a spouse or family member. The table below details which expenses are eligible for Pick Your Perks reimbursement.

| Benefit | Required Documentation | Notes |
|---|---|--|
| Dental ⁺ | Itemized receipt | Reimbursement for dental services not covered by Medicare, such as cleanings, fillings, X-rays, dentures, dental implants, root canals and crowns Excludes cosmetic dentistry, orthodontia and dental insurance premiums |
| Vision hardware ^{+ *} | Itemized receipt | Includes eyeglasses—prescription sunglasses are allowed—and contact lenses Excludes cosmetic items, warranties and LASIK |
| Non-emergency transportation | None | This benefit can be used to get to medical appointments and pharmacies Must use our approved vendor, Aryv To arrange a ride, call Aryv at 855-923-1113 (TTY 711) or visit aryv.com/network-health |
| Home-delivered meals | Itemized receipt -and- Proof of inpatient, outpatient or skilled nursing facility stay (such as Explanation of Benefits or bill) -or- Doctor's note attesting to qualifying condition | Meals can be delivered after an inpatient hospital, hospital observation, skilled nursing facility stay or for an approved chronic condition Qualifying conditions include cancer, diabetes, heart disease, high blood pressure, lung disease and COPD and osteoporosis Must use our approved vendor, Mom's Meals To order from Mom's Meals, call 877-347-3438 or visit momsmeals.com/networkhealth and use code NETWORKHEALTH |
| Acupuncture ⁺ | Itemized receipt | Must be provided by a licensed/certified professional |
| Massage ⁺ | Receipt and prescription | Must be prescribed by a medical provider and provided by a licensed/certified professional |
| Over-the-counter (OTC) items | Itemized receipt | Items must be on the approved list Items marked as "dual-purpose" should be discussed with your personal doctor to determine if they are appropriate for you before purchasing |
| Nutritional/dietary counseling ⁺ | Itemized receipt | Must be provided by a licensed/certified professional Meal plans, lab work and allergy tests are excluded |
| Personal training ⁺ | Itemized receipt | Up to four visits with a personal trainer Maximum total payment of \$225 Must be provided by a licensed/certified professional |

⁺There is no provider network for this reimbursement benefit. You can see any licensed provider/certified professional.

^{*}Network PlatinumZero and Network PlatinumSelect have a \$200 vision hardware maximum.

How do I submit for reimbursement?

After you pay out-of-pocket for your services, you submit the reimbursement claim form to Employee Benefits Corporation for processing. Claims can be submitted in one of two ways.

- 1. Online** – This is the fastest and easiest way to receive your reimbursement. Log in to your Network Health member portal at login.networkhealth.com and click the **Pick Your Perks** button. You'll be redirected to the Employee Benefits Corporation website. Once there, provide some basic information, upload a photo or PDF of the required documentation and provide your bank account information (one time only). You also have the option to receive a paper check in the mail, if you prefer.
- 2. Mail** – You can use the reimbursement form. For copies, sign in to your member portal at login.networkhealth.com. The form is available under **My Materials**. You can also visit networkhealth.com/medicare/additional-benefits or contact the Network Health Member Experience Team at 800-378-5234 (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m. to have a copy of the form mailed to you. Mail the completed form to Employee Benefits Corporation along with a copy of the required documentation and provide your bank account information (one time only). If you prefer, you can request a paper check.



If Employee Benefits Corporation requires additional information to process the claim, they will reach out to you by email or mail to get the necessary information prior to processing the reimbursement.

How can I receive reimbursement?

Direct Deposit – Employee Benefits Corporation will review the submitted information and reimburse your cost directly to your bank account within five business days.

Mail – Employee Benefits Corporation will review the claim and mail a check to your home. Please allow up to two weeks to receive your reimbursement. The check can only be mailed to the address you have on file with Network Health. To update your address, call the Network Health Member Experience team at 800-378-5234 (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m.

You can submit reimbursement forms for 2022 Pick Your Perks claims until March 31, 2023. The date of service or purchase must be during the 2022 plan year. If you end your membership with Network Health, you must submit your request for reimbursement within 90 days of your last day of membership.

What is an itemized receipt?

An itemized receipt should include the provider name, the date of service, a description of the service you received and the expense amount. For over-the-counter purchases, your receipt must include a list of all items purchased and the date you purchased them.

How can I check my balance or inquire about a reimbursement I submitted?

Log in to your member portal at login.networkhealth.com and click the **Pick Your Perks** button to check your balance or track your reimbursement requests. Your member portal is the quickest, most convenient way for you to use the Pick Your Perks benefit.

You may also call Employee Benefits Corporation at 888-831-4753 (TTY 711), Monday–Friday from 8 a.m. to 8 p.m.