



Wellplus Prenatal Vitamins Program Reimbursement Form

Wellfleet Student Health Wellplus members who are pregnant are eligible to receive preferred over-the-counter (OTC) and prescription prenatal vitamins at no cost. In addition to the free prenatal vitamins offered through Wellplus, there are several other prenatal vitamins containing 0.4mg to 0.8 mg of folic acid covered under your plan at no cost per the Affordable Care Act requirements. Please consult your formulary for a full listing of prenatal vitamins covered under your plan.

- Please keep a copy of all forms and receipts for your records
- Submit this form and a copy of your receipt to Wellfleet using one of the following methods:
 - **Email:** pharmacy@wellfleetinsurance.com
 - **Mail:** Wellfleet, Attention: Pharmacy Department
PO Box 15369, Springfield, MA 01115-5369
- To obtain reimbursement on OTC store brand folic acid, iron, and/or DHA, you must submit a letter of medical necessity signed by your health care provider indicating the supplement and dosage needed, along with a copy of the receipt and this form.
- Wellfleet will provide reimbursement for the total cost of the vitamin supply, limited to one daily dose throughout the duration of pregnancy. Members should consult with their physician before starting a prenatal vitamin regimen.

Eligible Prenatal Vitamins

- OTC store brand non-gummy prenatal multivitamins, including:
 - CVS Health Prenatal Vitamin with Minerals Tablets
 - Walgreens Women's Prenatal Supplement
 - Rite Aid Prenatal Formula with Folic Acid Tablets
 - Kroger Prenatal Vitamins
- OTC store brand non-gummy prenatal multivitamins with DHA, including:
 - CVS Health Prenatal Multi+DHA Softgels
 - Walgreens Prenatal Multivitamin Plus DHA Softgels
 - Rite Aid Pharmacy Prenatal Combo Pack with DHA
 - Kroger Prenatal Multi & DHA
- OTC store brand folic acid, iron, and/or DHA if additional supplementation is required
- PNV Prenatal Plus Multivitamin (NDC 44946-1045-xx)
 - Prescription is required for this medication and will process as \$0 under your prescription drug benefit without needing to submit a reimbursement form.

For eligible OTC prenatal vitamins paid out of pocket, complete all information on this form

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|---------------------------------|-------------|---|--|--------------------|--|
| Member Name | | Member ID | | Patient Sex | |
| | | | | | |
| Phone Number | | | Mailing Address | | |
| | | | | | |
| Supplement | Name | | Quantity Purchased | Amount Paid | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| Number of Weeks Pregnant | | Has this program made it easier for you to access prenatal vitamins? | Did you switch prenatal vitamins as a result of this program? | | How did you learn about this program? |
| | | | | | |
| Patient Signature | | | | Date | |
| | | | | | |

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