

A WELLNESS REIMBURSEMENT PROGRAM FOR HEALTHY LIVING

Your incentive to live healthy

As an AmeriHealth Administrators plan member, you may be eligible to be reimbursed the amount you spent, up to \$200 when you:

- Participate in a weight management program;
- Complete a tobacco cessation program;
- Exercise at a qualified fitness club.





A healthy lifestyle should be rewarded



We know how important it is to maintain a healthy lifestyle for you and your family. That's why your health benefits plan includes a Wellness Reimbursement Program to encourage you and your loved ones to get healthy and stay healthy.

Whether you're looking for an affordable way to get fit, or need an extra incentive to quit smoking – the AmeriHealth Administrators Wellness Reimbursement Program can make it easier to live healthy.

Take advantage of benefits such as:

- **Weight management.** Receive up to a \$150 reimbursement when you enroll in one of the following programs:
 - Weight Watchers®;
 - Jenny Craig®;
 - onsite in-network hospital based program.
- **Fitness club reimbursement.** Get reimbursed up to \$200 of your yearly fitness club fees when you meet all requirements.
- **Tobacco cessation incentive.** Offers 100 percent reimbursement of fees, up to \$150, when you complete a tobacco cessation program.

How to get reimbursed

You can mail, email, or fax your requests for reimbursement to the Wellness Reimbursement Department:

- **Mail documents to** P.O. Box 21371, Eagan, MN 55121
- **Email documents to** Healthaccountplus@ahatpa.com
- **Fax documents to** 215-283-0361
- **If you have questions, call** 1-800-541-1604

You will receive reimbursement after AmeriHealth Administrators verifies your documentation.

Please read the full eligibility requirements before submitting your requests for reimbursement.

Weight management reimbursement

Get up to \$150 back



Your Wellness Reimbursement Program can put \$150 back in your pocket if you participate in a qualified weight management program. You can attend in-person or online meetings through Weight Watchers, Jenny Craig, or an in-network hospital based program. Just follow the steps below and you'll be reimbursed for getting healthy.

Eligibility

Active plan members in your health benefits plan are eligible for one reimbursement of up to \$150 per covered plan member, per 365-day period. If you participate in more than one program in a 365-day period, only one can qualify for reimbursement.

Weight Watchers or Jenny Craig program

- 1. Join Weight Watchers or Jenny Craig.** Find an onsite location OR join online.
- 2. Your first visit counts.** The 365-day period begins on the date of your first visit or the date you join online.
- 3. Save receipts.** Mail your receipts or email confirmation as proof of payment.
- 4. Submit for reimbursement.** Mail your receipts for reimbursement no later than 90 days after the end of your 365-day benefit period.

In-network hospital based program

- 1. Join an in-network hospital based program.** Find a program that is in-network and works best for you.
- 2. Your first visit counts.** The 365-day period begins on the date of your first visit.
- 3. Save receipts.** Be sure to provide proof of payment and participation.
- 4. Submit for reimbursement.** Mail your receipts and proof of participation for reimbursement no later than 90 days after the end of your 365-day benefit period.

The following items and programs are not eligible for reimbursement:

- dietary supplements
- plans that require the purchase of food products designed for use with the plan
- injections
- meal plans
- liquid meals

Tobacco cessation reimbursement

Get up to \$150 cash back



An incentive to quit

You can be reimbursed up to \$150 in any 12-month period upon confirmation of your successful completion.

Eligibility

Active plan members in your health benefits plan are eligible for one reimbursement of up to \$150 per covered plan member, per 365-day period. If you participate in more than one program within a 365-day period, only one is eligible for reimbursement.

Ready. Set. Quit!

- 1. Complete a tobacco cessation program.** Join any in-network hospital-based program that focuses on behavior modification and provides regular support such as weekly meetings or telephone based sessions.
- 2. Your first visit counts.** Your 365-day period starts on the date of your first visit.
- 3. Request your reimbursement.** Submit documentation from the facility stating you completed the program along with proof of payment, no later than 90 days after the end of your 365-day benefit period.

The following costs and programs are not eligible for reimbursement

- copays, coinsurance, deductibles
- acupuncture
- injections
- hypnosis
- dietary supplements
- electronic cigarettes

Fitness reimbursement

Join a fitness center, complete 120 workouts, and get reimbursed.



An incentive to stay fit

Exercise regularly and you can be reimbursed up to \$200 of your gym membership fee per year.

Eligible fitness programs

An eligible fitness facility must be full-service and offer continuous cardiovascular, flexibility, and resistance training and classes, such as: aerobics, spinning, body sculpting, kickboxing, resistance training, free weights, treadmills, elliptical, pool for laps, track for running/walking, and cross fit in a supervised setting.

Eligibility

Active plan members *age 18 and older* in your health benefits plan are eligible for one reimbursement of up to \$200 per covered plan member, per 365-day period. You must be enrolled in the health benefits plan at the time of your reimbursement.

- 1. Join a gym.** Choose a full-service fitness center as described above.
- 2. Exercise 120 days in a year.** Complete and record 120 workouts within 365 days. You may record a maximum of one workout per day, and each workout must last at least 30 minutes.
- 3. Your first workout counts.** The 365-day period begins with the date of your first workout.
- 4. Record your workouts.** Be sure to get a computer printout of your attendance from your gym or use the log in this booklet. The log must be completely filled out, and it *must be signed and dated by a fitness facility representative*.
- 5. Provide receipts.** You'll need either: (1) proof of your membership fee payment on fitness facility letterhead; or (2) a copy of the contract and receipt.
- 6. Request your reimbursement.** Submit your proof of payment and log or printout no later than 90 days after the end of your 365-day benefit period.

Computer printout

If you choose to use a fitness facility printout as your workout log, you assume the risk that some workouts may not be credited toward the reimbursement if your fitness facility has computer or other difficulties. We do not assume any responsibility for the reliability of fitness facility computer systems. To prevent issues of this type, you can have your log signed and dated with each workout.

Ineligible programs

Memberships for athletic clubs that focus on a single competitive or recreational sports activity are not eligible for reimbursement. Personal fitness instructor fees are not eligible for reimbursement. Ineligible programs also include: Pilates; yoga; outdoor "boot camp" style program; tennis; chiropractic services; racquetball; squash; golf; basketball; recreational swim clubs; dance school; sculling/rowing; martial arts; karate class; sports leagues; or country clubs.

Lifetime memberships. You can receive up to \$200 reimbursement of the membership fees you paid during your 365-day fitness program benefit period.

Falsification

- Logging in for another member at a fitness facility is prohibited.
- Falsification of information in order to receive your reimbursement is strictly prohibited.

Weight Watchers is a registered trademark of Weight Watchers International, Inc.

Jenny Craig is a registered trademark. Used under license.

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Wellness Reimbursement Brochure 2016-08



Wellness Reimbursement Fitness Logbook

Member name _____

ID # _____

Instructor/fitness facility representative must acknowledge each workout with date and signature. Credit will be issued only for workouts completed during supervised hours.

	Date	Fitness facility representative signature	Workout time	
1.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
2.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
3.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
4.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
5.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
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13.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
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	Date	Fitness facility representative signature	Workout time	
31.	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
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