

Wellness Your Way

WELLNESS REIMBURSEMENT BENEFIT

We want you to be healthy—that's why we offer flexible wellness benefits. So, listen to this! As a SelectHealth Advantage® (HMO, HMO-SNP) member, we want to reimburse you up to \$240 per year for wellness benefits. What's a wellness benefit? It's things like gym memberships, approved weight loss programs, nutritional services, and health education classes.

You're free to manage your health—your way. Go to any gym or fitness center that is convenient for you. Choose from a wide range of health education classes or approved weight loss programs. What's important is that you feel healthy. And a little motivation never hurt anyone, right?



THE DETAILS

GYM MEMBERSHIPS

- > Get reimbursed for membership fees—including orientation fees
- > You choose the gym, fitness center, or health club
- > Get reimbursed for classes not included in your membership fee, such as yoga or senior fitness classes

WEIGHT LOSS PROGRAMS

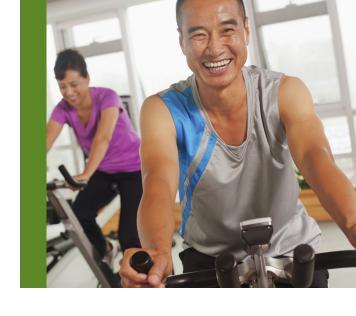
> Get reimbursed for formal weight loss program fees like The Weigh to Health® from Intermountain Healthcare®, Weight Watchers®, and Jenny Craig®



EXCLUDED FROM REIMBURSEMENT

We want to reward you for your healthy ways, but there are a few activities, items, and services that are not covered, including:

- > Recreational activites like golf or ski passes
- > Fitness equipment purchased for personal or home-use
- > Purchase of meals or supplements
- > Alternative or holistic education services



NUTRITIONAL SERVICES

- > Get reimbursed for the cost of dietician and nutritional counseling services not already covered by your plan
- > Get reimbursed for healthy cooking classes
- > Access individual or group sessions depending on your needs
- > Sessions and classes must be led by qualified and licensed health professionals

HEALTH EDUCATION CLASSES

- > Get reimbursed for a wide variety of courses that are provided by a certified health educator or qualified licensed health professional, such as Arthritis Aquatics, Fibromyalgia Aquatics, and Type 2 Diabetes classes
- > Choose a health education class that meets your needs and goals
- > Formal programs must be led by a qualified and licensed instructor

How to Get Reimbursed

USING THE WELLNESS YOUR WAY BENEFIT IS AS EASY AS 1-2-3

- 1. Find a wellness activity to help you live a healthier life.
- 2. After paying for the activity, fill out the Wellness Reimbursement Form online or fax or mail in a paper copy.
- 3. Submit the reimbursement form along with proof of payment to SelectHealth.

SUBMIT ONLINE FOR FASTER REIMBURSEMENT:

- > Visit **selecthealth.org/medicare**, click "Wellness Resources," then "Wellness Reimbursement."
- > Click "Online Wellness Reimbursement Form."
- > Fill out the web form, then scan and upload your receipt or proof of payment.



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WELLNESS REIMBURSEMENT REQUEST

SelectHealth Advantage® (HMO, HMO-SNP) members are reimbursed up to \$240 per year for wellness benefits, such as gym memberships, approved weight loss programs, nutritional services, and health education classes.

PLEASE COMPLETE THIS FORM AND MAIL OR FAX IT ALONG WITH PROOF OF PAYMENT TO THE ADDRESS LISTED BELOW.

| Name | Date of Birth// |
|---|--|
| Member ID# (found on your SelectHealth Advantage II |) card) |
| Does this request include expenses incurred by a spouplan member? Yes No If so, please provide | |
| Spouse's Name Spo | use's Member ID# |
| What kind of wellness activity is your reimbursement f | or? |
| ☐ Gym or Fitness Center ☐ Nutritional Services ☐ | Weight Loss Program Health Education |
| Name of the program, gym, or instructor | |
| Street address | |
| CityStateZ | IP Ph# () |
| On what date did you pay for the wellness activity? NOTE: You are eligible for reimbursement based on the date you a gym membership in December 2019, this is eligible for reimbursem | ctually pay the expense. For example, if you pay for a |
| What is the reimbursement amount requested for the | wellness activity? |
| My reimbursement amount (up to \$240 per year | \$ |
| My spouse's reimbursement amount (up to \$240 | per year) \$ |
| Total reimbursement amount requested | \$ |

MAIL OR FAX TO:

P.O. Box 30196 Salt Lake City, UT 84130-0196

Fax: 801-442-0014

selecthealth.org/medicare

PLEASE ALLOW TWO TO THREE WEEKS FOR REIMBURSEMENT REQUESTS TO BE PROCESSED.

Forms submitted without the necessary information and proof of payment may result in a delay in your reimbursement or may be returned for additional information.

Disclaimers: SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-442-9900 (TTY: 711)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-442-9900 (TTY: 711).



P.O. Box 30196 Salt Lake City, UT 84130

IMPORTANT SELECTHEALTH ADVANTAGE INFORMATION

Nonprofit
Organization
US Postage
PAID
Salt Lake City, UT
Permit No. 4547

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Wellness Your Way

Start getting repaid for all your healthy ways.

Contact Us

Questions about benefits or wellness reimbursement? Call Member Services toll-free at **855-442-9900** during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711.