



Mail or Fax to:
 P.O. Box 30196
 Salt Lake City, UT 84130-0196
 Fax: 801-442-0587
 selecthealthadvantage.org

SelectHealth Advantage Wellness Reimbursement Form

The following services are eligible for reimbursement up to a combined total of the amount specified in Chapter 4 of your Evidence of Coverage under the "Health and Wellness Education Programs" section of the "Medical Benefits Chart." **Please attach/include a receipt or other documentation of payment with this form.**

A. MEMBER INFORMATION

Name _____
 Member ID# (found on your SelectHealth Advantage ID Card) _____
 Ph# (_____) _____
 Mailing Address _____
 City _____ State _____ ZIP _____

B. WELLNESS ACTIVITIES

Please mark the appropriate box and complete the corresponding wellness activity section below. Indicate the total reimbursement amount you are requesting and **include/attach a receipt or other documentation of payment with this reimbursement request.**

Gym or Fitness Center

This includes monthly or annual membership fees or fees for individual physical activity classes (e.g., yoga or boot camp). **Note: For reimbursement of an annual membership fee, we will reimburse a maximum of the amount specified in Chapter 4 of your Evidence of Coverage multiplied by the number of remaining months in the year.**

Name of Gym or Fitness Center _____
 Ph# (_____) _____

Weight Loss Program

This includes approved weight loss programs such as Intermountain's The Weigh to Health®, Weight Watchers®, Jenny Craig, or programs administered by an in-network hospital or clinic (see section "C").

Name of Program or Organization _____
 Address _____
 City _____ State _____ ZIP _____
 Ph# (_____) _____

Health Education

This includes approved health education classes and activities (see section "C").

Instructor's Name _____ Ph# (_____) _____
 Brief Description of Class _____

Address Where Class Was Held _____
 City _____ State _____ ZIP _____

TOTAL REIMBURSEMENT AMOUNT REQUESTED (RECEIPTS INCLUDED) \$ _____.

This reimbursement represents a monthly expense (which month(s)?) _____
 (mark the box that best applies) an annual/quarterly expense

C. DESCRIPTION OF WELLNESS BENEFIT

This is a summary of the wellness benefit included in your SelectHealth Advantage plan. SelectHealth will reimburse you up to a combined total of the amount specified in Chapter 4 of your Evidence of Coverage under the “Health and Wellness Education Programs” section of the “Medical Benefits Chart” for any of the following services:

GYM OR FITNESS FACILITY MEMBERSHIP

Includes reimbursement for membership to any commercial or community gym or fitness facility. Since SelectHealth Advantage has no formal contract or agreement with any gym or fitness facility regarding orientation to the facility and equipment, if an additional fee for orientation to the facility or equipment is charged, this fee is eligible for reimbursement under this benefit. This benefit does not include reimbursement for personal fitness equipment or apparel.

APPROVED WEIGHT LOSS PROGRAMS AND/OR HEALTH EDUCATION CLASSES

Includes classes and programs offered or endorsed by SelectHealth, Intermountain Healthcare®, or St. Luke’s Health System. Other formal weight loss programs or health education classes may be approved by SelectHealth for coverage under this benefit if they are provided by a certified health educator or qualified licensed health professional. They must also be composed of interactive sessions that primarily provide health information, encourage adoption of healthy behaviors, build skills to enhance self-care capabilities, and align with the overall goal to improve participants’ health. The benefit may include group sessions in which the educator provides information or skills instruction, one-on-one instruction sessions, and/or interactive Web and/or telephone-based coaching to reinforce what an enrollee learned in a group or individual session. This benefit does not cover alternative or holistic education services.

D. IMPORTANT SUBMISSION DETAILS

The front of this form must be completed and submitted by mail or by fax to the address or fax number indicated in the upper-right corner. **Be sure to include appropriate documentation of purchase of the reimbursable expense. Incomplete forms submitted without the necessary information and documentation may result in a delay in your reimbursement or may be returned for additional information.** To download and print additional reimbursement forms, visit selecthealthadvantage.org. Click on “Benefits” then “Wellness” then “Wellness Reimbursement Form” or call Member Services at the numbers below.

If you have questions regarding this reimbursement form or process, please call Member Services at 801-442-9900 (Salt Lake area), 208-429-9900 (Boise area), or 855-442-9900 (toll-free) during the following dates and times:

- October 1 to February 14: Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- February 15 to September 30: Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 3:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message. Your call will be returned within one business day. TTY users should call 800-346-4128 (in Utah), 800-377-3529 (in Idaho), or 711.

E. IMPORTANT INFORMATION

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact SelectHealth.

Limitations, copayments and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

SelectHealth is an HMO-POS plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.