

Wellness Your Way



Wellness Reimbursement Benefit

As a SelectHealth Advantage® (HMO) 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, health education classes, in-home safety assessments, and home or bathroom safety devices.

The best part? You're free to manage your health your way. Go to any gym or fitness center that is most convenient for you. You can even get creative and choose a cooking class or take dance lessons. What's important is that you feel great and get to build the healthy lifestyle that works for you.



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®
- > Please note, the purchase of meals and supplements is not included

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

HOME SAFETY ASSESSMENTS AND DEVICES

- > Get reimbursed for in-home safety assessments through approved providers
- > Get reimbursed for bathroom safety devices purchased through approved providers

EXCLUDED FROM REIMBURSEMENT

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

- > Fitness equipment purchased for personal or home-use
- > Purchase of meals or supplements
- > Alternative or holistic education services

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 Your Way Reimbursement Form

3 →

Submit your receipt, or other proof of payment with the reimbursement form online, by fax, or by mail

SUBMIT ONLINE FOR FASTER REIMBURSEMENT:

- > Visit selecthealth.org/medicare, click “health & wellness,” then “Wellness Reimbursement & Rewards”
- > Click “Online Wellness Your Way Reimbursement Form”
- > Fill out the web form, including your receipt or other proof of payment



WELLNESS REIMBURSEMENT REQUEST

SelectHealth Advantage® (HMO) members are reimbursed up to \$240 per year for wellness activities.

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 ID card)_____

Does this request include expenses incurred by a spouse who is also a SelectHealth Advantage plan member? Yes No If so, please provide your spouse's name and ID#.

Spouse's Name_____ Spouse's Member ID#_____

What kind of wellness activity is your reimbursement for?

- Gym or Fitness Center Weight Loss Program Health Education Class
 Nutritional Services Home Safety Assessment or Safety Device

Name of the program, gym, or instructor_____

Street address_____

City_____ State_____ ZIP_____ Ph# (____) _____

On what date did you pay for the wellness activity? ____ / ____ / ____

NOTE: You are eligible for reimbursement based on the date you actually paid the expense. For example, if you paid for a gym membership in December 2021, it would be reimbursable under your 2021 benefit.

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 30 DAYS 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 obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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

SelectHealth Advantage:
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

© 2022 SelectHealth. All rights reserved. 1652118 02/22
H1994_1652118_C



Start getting repaid for all your healthy habits.

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.