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 activities 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

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.
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 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  □ Nutritional Services  □ Weight Loss Program  □ Health Education

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 pay the expense. For example, if you pay for a gym membership in December 2019, this is eligible for reimbursement under your 2019 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 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.
Wellness Your Way

WELLNESS REIMBURSEMENT BENEFIT

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.