

Healthy Living Reimbursement Request

Security Health Plan offers a healthy living benefit to reward eligible members for engaging in health and well-being activities. Subscribers, their spouses and adult dependents (18 and older) may submit this form for reimbursement of eligible purchases. Limit, two members per family.

Reimbursement request instructions:

- Members may only submit **one** reimbursement form each calendar year.
- Copies of paid receipts or bank/credit card statements submitted with this form must include a description of the purchase, price and date. You must be a Security Health Plan member on the date of purchase and receipt dates must match the year you are requesting reimbursement.
- A separate form is required for each eligible member 18 and older requesting reimbursement. Reimbursement is limited to \$200 per family; \$100 per member. Members with a family membership may be reimbursed up to \$200 for the same purchase (i.e. annual fitness center membership). Each member must submit a separate form and include a copy of the same receipt.
- Reimbursement requests must be received no later than March 31 of the following year in which expenses were incurred. Requests received on or after April 1 for previous calendar year expenses will not be accepted. You must have been an eligible member for the benefit when the purchase was made.

STEP 1: Enter calendar year you are requesting reimbursement.

STEP 2: Member requesting reimbursement _____

Employer/Sponsor name _____

Subscriber number _____

Member number _____

(This is the number to the left of your name.)

Date of birth _____

(Fill out the information as it is listed on your medical ID card.)

Member home address _____

SecurityHealth PlanSM

Medical Card

Subscriber #: 050012345800

Grp#: 987654 HMO

00123456	John T Doe	7/26/1970
00234567	Jane E Doe	2/07/1972
001234567	Jim T Doe	6/29/2001

Security Health Plan Customer Service 1.800.472.2363
Date Issued 01/01/2022

STEP 3: Include a copy of the paid receipts or bank/credit card statements with this form and mail or email to Security Health Plan. Checks will be made payable to the subscriber.

Mail: Security Health Plan
Attn: Claims Department
P.O. Box 8000
Marshfield, WI 54449-8000

Email: rf.shpmain@securityhealth.org

STEP 4: Signature: I attest this reimbursement is for services and/or equipment for my personal use.

Signature _____

Date (month/day/year) _____

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FOR INTERNAL USE ONLY

HA Completion TIN 39-1541217 CPT S9970 Dx code Y93.89 POS 99

Date of service _____ / _____ / _____ Amount _____

About the healthy living reimbursement

Security Health Plan offers a healthy living reimbursement to reward members for engaging in health and well-being activities. Subscribers, their spouses or adult dependents (18 and older) are eligible for this benefit.

Members might be reimbursed up to \$100 maximum per member per calendar year (\$200 maximum per family per calendar year). Members cannot be reimbursed for more than the cost incurred (including applicable taxes and shipping and handling fees) for memberships, classes and equipment.

This benefit is available through certain employer-sponsored plans. Check your Certificate Amendment to see if you are eligible and for additional information about the healthy living reimbursement. Your amendment can be found with your policy materials or through My Security Health Plan.

Activities and equipment that might be eligible for reimbursement:

- Nutrition or wellness class
- Gym or health club membership
- Exercise class or personal trainer
- Weight-loss program
- *Adults only (age 18 years and older):* Swim instruction or water exercise class
- Online fitness memberships (i.e. Beachbody, Weight Watchers Online)
- Home exercise equipment that provides a total-body workout*. Equipment must be new and purchased from a retail company.

**Treadmills, stationary cycles, bike stands (to convert road bike to stationary cycle), stair climbing machines, elliptical machines, rowing machines, cross-country ski machines, total body weight resistance machines*

Activities and equipment NOT eligible for reimbursement

- Pool-only facilities (unless as part of a swim instruction or water exercise class)
- Social clubs
- Greens/Race fees
- Transportation
- Association memberships
- Lodging
- Meal plans: food, shakes, and supplements
- Fitness clothing and uniforms
- Activities that are reimbursable under the member's insurance plan
- Muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines; exercise mats; free weights; outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades; and any used equipment
- Sport or activity fees for dependent children

If you have any questions, please contact Security Health Plan's Customer Service Department at 1-800-472-2363.

Notice of Nondiscrimination

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Limited English Proficiency Language Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).

If you require materials in large print, call 1-800-472-2363 (TTY 711).