

WELLNESS REWARDS



Reward you and your spouse with up to \$150 each in HRA Dollars!

To encourage you to stay healthy, the RCAB Health Plan offers a number of ways for you to save on certain wellness costs, both in and outside of our network.

Receive a Wellness Reward of up to \$150 per enrolled employee and spouse each Plan year! Expenses must be incurred by the employee and/or spouse to qualify.

Eligible expenses include:

- Fitness club membership
- Fitbit or other fitness tracker purchase
- Weight management membership (Weight Watchers, Jenny Craig, etc.)
- Group fitness class (Aerobics, kickboxing, etc.)
- Stress management or other non-physical wellness class
- Sports team membership

Reimbursement will be provided in a Health Reimbursement Account (HRA) incentive, so there are no tax implications for you!

An HRA can be used to pay for medical copays, prescription copays and more. Funds roll over year to year as long as you remain a member of the RCAB Health Plan. As with the Momentum⁺ wellness program, HRA accounts are administered by Choice Strategies.

You may submit multiple requests (minimum of \$25), or one request if your expense is \$150 or more, for expenses incurred during the Plan year (between January 1 and September 30, 2018). The maximum wellness reward each person may receive is \$150 HRA dollars. Complete the enclosed Wellness Reward Claim Form with the required documentation to receive your credit!

Tufts Health Plan members can save even more with these great discounts:

- Save 20% on one-year memberships and pay no joining fee at any of the THP network fitness centers in MA, NH and RI. There are almost 80 to choose from.
- Save 50% when you join a participating New England Curves® club.
- Save 10% on a personal training packet at Fitness Together and receive a free fitness evaluation.
- Save 20% on Appalachian Mountain Club membership rates and receive discounts on accommodations, subscriptions and programs.
- Members 18 years old and younger pay no fee to join a network Boys & Girls Clubs in MA and RI. Members also receive a 20% discount on the cost of most programs.

If you're not ready to join a fitness center, you and your family can go to a center in the THP network and pay a small copayment of \$6-\$10 for each visit, up to five visits per month.

For a full list of fitness centers in the Tufts Health Plan network, go to www.tuftshealthplan.com and click on *Find a Doctor*, then search under Other Medical Services.

WELLNESS REWARD CLAIM FORM

Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

To qualify for the wellness reward as a credit to your Health Reimbursement Account (HRA), you or your spouse must be covered under the RCAB Health Plan at the time the expense was incurred. The reward applies for expenses incurred by an enrolled employee and/or spouse one time per family, one time per Plan year. Rewards are typically processed within 4 weeks of receipt. Rewards must be submitted within 90 days of the close of the applicable Plan year (*i.e.*, no later than December 31 of each year for expenses incurred through September 30).

HRA accounts are administered by Choice Strategies. If you already have an HRA account from completing Momentum+ activities, the same account will be used for this reimbursement. If you do not currently have an HRA account with Choice Strategies, one will be opened for you. You should receive Choice Strategies cards (MasterCard) and information in the mail within 6 weeks of submission of this claim form. Funds will rollover from year to year. However, you must be enrolled in the RCAB Health Plan for your HRA account to be active and funds available. Choice Strategies can be reached at 888-278-2555 with account questions. Accounts will be opened in the employee's name. All dependents on the RCAB Health Plan can utilize the funds.

Employee Information

Full Name: _____

Employer Location: _____

E-Mail Address: _____

Date of Birth: _____

Spouse Information (if claim being submitted is for spouse)

Full Name: _____

Date of Birth: _____

REBATE INFORMATION

Which wellness activity are you requesting reimbursement for?

- Fitness club membership
- Fitbit or other fitness tracker purchase
- Weight management membership (Weight Watchers, Jenny Craig, etc.)
- Group fitness class (Aerobics, kickboxing, etc.)
- Stress management or other non-physical wellness class
- Sports team membership
- Other (please describe): _____

Requested Amount \$ _____ (\$150 maximum)

Please enclose one of the following for proof of payment and enrollment/purchase:

- An itemized receipt or statement on letterhead with an authorized signature from the fitness club, non-physical wellness class (i.e., stress management), sports team membership and/or group exercise class showing the dates of membership and the amount paid.
- Receipt showing enrollment in a weight management membership with dates of membership and amount paid.
- Receipt showing purchase of fitness tracking device with store name, date of purchase and item purchased.

I attest that the above information is true and accurate and that the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalty for false health care claims. I also understand that the RCAB Health Plan may request any additional information it deems necessary to verify that services were received and payment was made.

Employee Signature: _____

Date: _____

Please submit this form and documentation to:

RCAB Lay Benefits Office
66 Brooks Drive
Braintree, MA 02184

Phone: 617-746-5641
Fax: 617-779-4567
E-Mail: benefits@rcab.org