

SECTION [XIV]

Wellness Benefits

{ The exercise facility reimbursement benefit may be substituted. Variable language in the exercise facility reimbursement benefit permits reimbursement for exercise facilities or classes. }

[A. Exercise Facility Reimbursement.

We will partially reimburse You for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities [that We have an agreement with and] which maintain equipment and programs that promote cardiovascular wellness. [We will also reimburse fees paid for exercise classes (e.g., yoga, pilates, spinning).] [An eligible exercise facility must have at least [two (2)] pieces of equipment or activities that promote cardiovascular wellness from the following list:

- [Insert list of equipment or activities.]

{Drafting Note: The bracketed language regarding exercise classes is optional for all plans. The bracketed language regarding the list of equipment and activities is optional for all plans. }

Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual workout visits. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages, etc.).

In order to be eligible for reimbursement, You must:

- [Be an active member of the exercise facility [or] [attend classes at the exercise facility]; and]
- [Complete [50] visits in a six (6)-month period.]

{Drafting Note: Plans should insert the applicable language for reimbursement eligibility. }

In order to obtain reimbursement, at the end of the six (6)-month period, You must submit:

- [A completed reimbursement form; Documentation of the visits from the facility.] [Each time You visit the exercise facility, a facility representative must sign and date the [reimbursement form; documentation of the visits].]
- [A copy of Your current facility bill which shows the fee paid for Your [membership; classes].]
- [A copy of the [brochure] that outlines the services the exercise facility offers.]

{Drafting Note: Plans should insert the applicable language for obtaining reimbursement depending on the documentation required by the plan. }

Once We receive [the completed reimbursement form; documentation of the visits] [and] [the bill], You will be reimbursed the lesser of [\$200] or the actual cost of the

membership per six (6)-month period.] [Reimbursement must be requested within [120] days of the end of the six (6)-month period.] [Reimbursement will be issued only after You have completed each six (6)-month period even if [50] visits are completed sooner.]]

{Drafting Note: All plans may increase the dollar amount for the benefit or lower the required visit number. If plans insert the bracketed sentence beginning with “Reimbursement must be requested”, plans must use no less than 120 days.}

[B. [Wellness Program].

{Drafting Note: Plans may insert a name other than “Wellness Program”.}

1. Purpose.

The purpose of this wellness program is to encourage You to take a more active role in managing Your health and well-being.

2. Description.

We provide benefits in connection with the use of or participation in any of the following wellness and health promotion actions and activities:

- [A health risk assessment tool]
- [A designated smoking cessation program]
- [A designated weight management program]
- [A designated stress management program]
- [A designated worker injury prevention program]
- [A designated health or fitness incentive program]
- [Health or fitness center membership]
- [Designated online wellness activities]
- [Designated healthy activities]
- [Self-management of chronic diseases]

{Drafting Note: All wellness programs must have a nexus to health insurance and the details of the wellness program must be specified in the certificate; contract; policy.

Plans must provide a more detailed description of the wellness program for each applicable bullet above and may add additional bullets.}

4. Participation.

The preferred method for accessing the wellness program is through Our website [at XXX]. You need to have access to a computer with internet access in order to participate in the website program. However, if You do not have access to a computer, please call Us at [XXX; the number on Your ID card] and We will provide You with information regarding how to participate without internet access.

5. Rewards.

Rewards for participation in a wellness program include:

- [Full or partial reimbursement of the cost of participating in smoking cessation or weight management programs.]
- [Full or partial reimbursement of the cost of membership in a health club or fitness center.]

- [The waiver or reduction of Copayments, Deductibles or Coinsurance.]
- [Contributions to a health reimbursement account ("HRA") or health savings account ("HSA").]
- [Monetary rewards in the form of cash, gift cards or gift certificates, so long as the recipient is encouraged to use the reward for a product or service that promotes good health, such as healthy cook books, over-the-counter vitamins or exercise equipment.]
- [Merchandise, so long as the item is geared at promoting good health, such as healthy cookbooks or nutritional or exercise equipment.]]

{Drafting Note: The rewards for wellness programs must have a nexus to health insurance and the details of the wellness program must be specified in the; contract; policy. Plans must provide a more detailed description of the wellness program for each applicable bullet above and may add additional bullets. Contracts; policies that are required to be community-rated may not include a discounted premium rate or a rebate or refund of premium as a reward. Contracts; policies that are experience-rated which involve a discounted premium rate or a rebate or refund of premium shall be based on an actuarial demonstration that the wellness program can be reasonably expected to result in the overall good health and well-being of the group.}