

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) [,including fees [or subscriptions] for online, virtual or live-streamed fitness classes].] [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.}

Reimbursement is limited to actual workout visits [or online workouts]. We do not reimburse:

- Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities;
- Lifetime memberships;
- Equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages, etc.);
- Services that are amenities, such as a gym, that are included in Your rent or homeowners association fees.

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 [or online workouts] 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]
- [A designated preventive care program, screenings (including biometric screenings), or chronic disease management program]
- [A designated stress management program, including participation in a meditation or sleep improvement program]
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{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.}

3. Eligibility.

You, the Subscriber, can participate in the wellness program.

4. Participation.

The preferred method for accessing the wellness program is through Our website [at XXX]. You need to have access to a device with internet access in order to participate in the website program. However, if You do not have internet access, 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 limited-use gift cards or gift certificates, vouchers, or discounts on products or services in return for engaging in healthy behaviors]
- [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.