

# Fitness First<sup>SM</sup> & More Reimbursement Form

## FOR GROUP PLAN MEMBERS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Member ID Number:

Person Code

### ACTIVITY FOR REIMBURSEMENT (CHECK ALL THAT APPLY)

**Fitness First**

\_\_\_\_\_  
Name of participating Fitness First health club

\_\_\_\_\_  
Date of first workout

\_\_\_\_\_  
Date of 60th workout

*NOTE: Eligibility is based on proof of 60 workouts completed in a consecutive six-month period.*

**Health Education Class**

\_\_\_\_\_  
Class name

\$ \_\_\_\_\_

\_\_\_\_\_  
Amount paid for class

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Date(s) of class

\_\_\_\_\_  
Instructor's signature

This student had 75%  
or better attendance

**Community Supported Agriculture (CSA)**

\_\_\_\_\_  
Name of FairShare CSA Coalition member farm

\$ \_\_\_\_\_

\_\_\_\_\_  
Amount you paid for your share

**Integrative Medicine / Healing Choices**

\$ \_\_\_\_\_

\_\_\_\_\_  
Amount paid for service

**SERVICE:**

- Acupuncture
- Feldenkrais®
- Healing Touch
- Massage Therapy and Bodywork

**RECEIVED MY INTEGRATIVE MEDICINE SERVICE AT:**

- UW Health Integrative Medicine
- Unity Fitness First health club \_\_\_\_\_  
Name of health club
- Unity Healing Choices vendor \_\_\_\_\_  
Name of vendor

**Weight Management**

\$ \_\_\_\_\_

\_\_\_\_\_  
Number of consecutive months attended if participating in  
Weight Watchers® meetings

\_\_\_\_\_  
Amount paid

### TO RECEIVE YOUR REIMBURSEMENT, COMPLETE THE FOLLOWING STEPS:

1. Review the rules and dates for reimbursement on page two and fill out the reimbursement form
2. Attach your itemized receipt(s) or required documentation

3. Mail the reimbursement form and the itemized receipts and / or required documentation to:  
Unity Health Insurance  
Attn: Fitness First & More  
840 Carolina Street  
Sauk City WI 53583

secure upload: login to MyChart to access the upload form  
or email to: [fitnessfirstadmin@unityhealth.com](mailto:fitnessfirstadmin@unityhealth.com)  
or fax to: (608) 643-2564



# Rules for Reimbursement

## FOR GROUP PLAN MEMBERS

**Fitness First<sup>SM</sup> & More reimbursements are paid on a quarterly basis. All workouts completed and services received in a calendar year count toward that year's maximum reimbursement. To receive your reimbursement, you will need to submit your reimbursement form to us by the end of the quarter prior to the reimbursement date. All 2017 requests must be received by January 15, 2018 to be valid.**

### SUBMISSION AND PAYMENT DATES FOR 2017 ARE THE FOLLOWING:

	Unity Receives Request by:	Unity's Payment Date:
First Quarter	March 31, 2017	May 19, 2017
Second Quarter	June 30, 2017	August 18, 2017
Third Quarter	September 30, 2017	November 17, 2017
Fourth Quarter	December 31, 2017	February 17, 2018

### Fitness First Reimbursement Requirements

- Workouts are limited to one per day at a Fitness First participating health club (list is available at [unityhealth.com](http://unityhealth.com))
- Be a Unity member at the time of enrollment and when the activity is completed.
- Complete the Fitness First & More reimbursement form for group plan members
- Fitness First workout reimbursement is limited to \$100 per person in a six-month period.
- Upload, email, fax or mail the completed reimbursement form and printout from the Unity-approved health club(s) showing facility name, location and proof of 60 workouts in six consecutive months to the address on the front of this document. To securely upload your Reimbursement Form and documentation, login to MyChart and select *Personal Wellness Portal*, then *Fitness First & More* to find the *Fitness First & More* ONLINE Submission form.

### Health Education Classes

**Classes must be held at one of the Unity Health Insurance participating hospitals or clinics or other approved vendors and fall into one of the following categories –**

- Pregnancy and parenting
- Nutrition
- Weight management
- Special activities, e.g. yoga and Pilates
- CPR and First Aid
- Stress and Anxiety Management (e.g. mindfulness and meditation)
- Tobacco use cessation

You may also receive reimbursement for membership in the Children & Adults with Attention-Deficit / Hyperactivity Disorder (CHADD<sup>®</sup>) program.

#### Requirements for reimbursement –

- Attend 75% of the classes of an approved program or if purchased an unlimited pass you must attend at least 10 classes in one month.
- Be a Unity member at the completion of the class
- Complete the Fitness First & More reimbursement form for individual product members and have the instructor sign it
- Submit the completed reimbursement form to Unity upon finishing the class

\* For the CHADD<sup>®</sup> program you will also need to submit the pre and post surveys as well as a copy of the welcome letter from CHADD<sup>®</sup>.

### Community Supported Agriculture (CSA) Reimbursement Requirements

- Purchase a produce share from a FairShare CSA Coalition member farm

- Complete the Fitness First & More reimbursement form for group plan members
- Upload, email, fax or mail the completed reimbursement form and one of the following proofs of payment to Unity in the same calendar year it was purchased –
  - Itemized receipt from the farm
  - Copy of an email from the farm acknowledging your purchase (must include the amount you paid for your share and date of purchase). *Please Note: The date the email was sent to you does not constitute the date of purchase.*
  - A copy of your cashed check or credit card receipt

(If you are splitting a produce share, be sure your name is included on the proof of payment. Also, indicate the amount you paid for your portion of the share on the reimbursement form.)

### Integrative Medicine Reimbursement Requirements

- Receive one of the following eligible integrative medicine services:
  - Acupuncture
  - Feldenkrais<sup>®</sup>
  - Healing Touch
  - Massage Therapy and Bodywork
- Receive the service from an eligible provider
  - UW Health Integrative Medicine
  - Unity Fitness First participating health club
  - Unity Healing Choices<sup>SM</sup> vendor
- Be a Unity member on the date of service
- Complete the Fitness First & More reimbursement form for group plan members
- Mail the completed reimbursement form and your itemized receipt to Unity upon receiving the service. The itemized receipt must include your name, the provider's name, address, telephone number, license number, description of service received, date of service and the amount paid. *Tips, gratuities and gift certificates are not reimbursable.*

### Weight Management Reimbursement Requirements

- Participate in Weight Watchers<sup>®</sup> meetings or Weight Watchers<sup>®</sup> online for three consecutive months or participate in all Diet-Free or Winning Weighs<sup>®</sup> meetings
- Be a Unity member at the completion of your participation
- Complete the Fitness First & More reimbursement form for group plan members
- Mail the completed reimbursement form and receipt of payment to Unity

**All 2017 requests for reimbursement must be received at Unity Health Insurance by January 15, 2018.**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to members\*. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (800) 362-3310 and we will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

\*Members must be 18 or older to participate in the Fitness First<sup>SM</sup> & More program. BadgerCare Plus and PPO members are not eligible to participate. State of Wisconsin Group Health Insurance Participants - All health and wellness rewards paid to adult members are considered taxable income to the subscriber and Unity is required to report these to your employer.