



HEALTH AWARENESS PROGRAM REIMBURSEMENT REQUEST FORM - 2016

Your good health and safety is our goal. At HealthTrust we understand that sometimes you need a little inspiration to take a step toward better living. That's why our *Health Awareness Program* reimburses you for completing health and safety classes that may provide the extra nudge you need to make important changes in your life. Whether you want to stop smoking, manage stress, achieve and maintain a healthy weight, exercise more, or learn ways to keep you and your family safe, we support and encourage your efforts. Read on for more details. It could be your starting point toward a better life.

Who is Eligible?	Program Details and Deadlines:
<p>Reimbursements are available to medically covered:</p> <ul style="list-style-type: none"> • Enrollees (including retirees) who complete a Health Assessment (HA) for the current calendar year • Spouses who complete the HA for the current calendar year • Dependent children age 18 and older* who complete an HA for the current calendar year • Dependent children under 18 if the parent who is the medically covered employee completes the HA 	<ul style="list-style-type: none"> • Enrollees, covered spouses and dependent children age 18 and older* may receive up to \$100 for health and safety classes/programs (per calendar year) • Covered dependent children under age 18 may receive up to \$200 for health and safety classes/programs (per calendar year) • Reimbursement requests must be submitted to HealthTrust within two months from the end of the class or program
<p align="center">Participants must be enrolled in a HealthTrust medical plan to be eligible.</p>	

Enrollees, Covered Spouses and Dependent Children Age 18 and Older* – \$100

(maximum per calendar year)

Receive up to \$100/year for classes related to fitness, nutrition, stress management, tobacco cessation, first aid, and other health/safety related topics. Additional guidelines are outlined on the attached Reimbursement Request Form.

Class/program requirements:

- Participant must attend at least 75% of the program.
- Submit the Class/Program Reimbursement Request Form (signed by the instructor), along with a program description (brochure or printed off website) and payment receipt.
- Submission deadline for class reimbursement is 2 calendar months from the end of the class or program.

Covered Dependent Children

Under Age 18 – \$200 *(maximum per calendar year)*

Dependent children under age 18 may receive up to \$200/year for classes/programs if the enrollee has completed an HA. Reimbursement is available for eligible group classes/programs, sports clinics or camps that have a start and end date with instruction provided; team sports and private classes are not eligible. Additional guidelines are outlined on the attached Reimbursement Request Form.

Class/program requirements:

- Participant must attend at least 75% of the program.
- Submit the Class/Program Reimbursement Request Form (signed by the instructor), along with a program description (brochure or printed off website) and payment receipt.
- Submission deadline for class reimbursement is 2 calendar months from the end of the class or program.

* Your Teen's 18th Birthday	Your Teen's Eligibility Date after HA Completion
On or before December 31, 2015	January 1, 2016
January 1, 2016 – June 30, 2016	July 1, 2016
July 1, 2016 – December 31, 2016	January 1, 2017

What Classes/Programs are Reimbursable in 2016?

Classes and programs related to fitness, nutrition, stress management, tobacco cessation, first aid, and other health or safety related topics are eligible for reimbursement through the *Health Awareness Program*.

\$100

Enrollees, spouses and dependent children age 18 and older*
once HA is completed

Examples of eligible classes/programs:

- Aerobics
- Anxiety & Stress Management
- Boot Camp
- CPR/First Aid
- Defensive Driving/Driver Safety
- Fitness (Zumba, Pilates, Conditioning, Weight Training, etc.)
- Healthy Cooking
- Karate
- Kickboxing
- One-on-One Nutrition Counseling
- Parenting/Lamaze Classes
- Personal Training
- Swimming
- Tai Chi
- Weight Watchers
- Yoga

Examples of non-eligible classes/programs:

- Bowling League
- Mini-golf
- Private Classes/Most Online Classes
- Club Fees/Membership Fees/
Fitness Center Memberships

\$200

Covered dependent children under 18
once enrollee completes HA

Examples of eligible classes/programs:

- Babysitting Classes
- Dance Classes
- Diabetes Education Classes
- CPR/First Aid
- Fit and Healthy Kids
- Gymnastics Classes (no teams)
- Karate Classes
- Sports Clinics/Classes/Camps

Examples of non-eligible classes/programs:

- AAU or Sports Teams/Leagues
- Advanced Programs
- Private or One-on-One Classes/Programs
- Tobacco Cessation Programs
- Recreational/General Camps



Programs that are not eligible include private classes, advanced programs (such as advanced first aid), recreational activity programs (such as paintball), treatments, most online or self-directed programs, and programs that are not specifically health or safety related. Please visit the HealthTrust website (www.healthtrustnh.org) for a more detailed list of programs that are not eligible for *Health Awareness Program* reimbursement.

Note: One-on-one nutritional counseling or classes, personal training, and tobacco cessation programs are not reimbursable for dependents under age 18.

Eligibility Upon Completion of Health Assessment (HA)

You must complete the HA online through your secure account at www.healthtrustnh.org in the current calendar year to be eligible for the *Health Awareness Program* in that year. When you complete the HA determines your date of eligibility for the *Health Awareness Program*, as shown in the following chart:

HA Completion Month	<i>Health Awareness Program</i> Effective Date
January, February, March	January 1
April, May, June	April 1
July, August, September	July 1
October, November, December	October 1

Class/Program Reimbursement Request Form - 2016

This form must be submitted within 2 calendar months of completion of an eligible class/program.

- 1) Complete steps 1, 2 and 3 below. If form is incomplete, it will be returned for completion and resubmission.
- 2) Submit this form, along with your program payment receipt and program description by mail, email or fax:
HealthTrust, Slice of Life, PO Box 617, Concord, NH 03302-0617
email: healthawareness@healthtrustnh.org; fax: 603.415.3095

STEP 1 Activity Participant Information

Name _____ Parent Name (if participant is a child under age 18) _____
Mailing Address _____ City _____ State _____ Zip _____
Date of Birth _____ Phone _____ Email _____
Signature of participant (or parent if participant is under age 18) _____ Date _____

By signing this form, I attest to the accuracy and truthfulness and will provide further documentation to HealthTrust upon request. I understand that any misrepresentation may result in disqualification for *Health Awareness Program* reimbursement.

STEP 2 Checklist for Eligible Class/Program Reimbursement

A. This section to be completed by activity participant or parent (if submitting for a child under age 18):

- I have completed and submitted a Health Assessment (HA) this calendar year. (See reverse for HA completion details.)
- If this reimbursement request is for a covered dependent child under age 18, the parent who is the medically covered employee has completed and submitted the HA this calendar year.
- I attended at least 75% of the class/program.
- I have enclosed my receipt for payment of this program.
- I have enclosed a program description (brochure or printed off website).
- My HealthTrust medical plan was in effect for the duration of the program.

B. This section to be completed by the class/program instructor:

- I attest that the individual has attended at least 75% of the sessions for the program and that the program information on this form is correct.
- I am certified to teach this course.

Instructor Name _____ Website _____
Company Name _____ Phone _____
Instructor Signature _____ Date _____

STEP 3 Reimbursement Information

Class/Program name _____ Number of sessions in program _____
Activity period from (date) _____ to (date) _____ Reimbursement amount \$ _____

Please allow 4-6 weeks to process your reimbursement request.

For additional information, including a list of programs that are eligible for reimbursement, visit www.healthtrustnh.org
or contact HealthTrust's Enrollee Services Department at 800.527.5001 or enrolleeservices@healthtrustnh.org.

For more information regarding program eligibility and submission requirements, refer to the first two pages of this *Health Awareness Program* Reimbursement Request Form.

How to Complete Your Health Assessment

Completing your Health Assessment (HA) makes you eligible to participate in all **Slice of Life** programs and makes you and your covered dependents who are younger than age 18 eligible for the *Health Awareness Program*. (Covered dependents who are 18 or older need to complete their own HAs.)

You can fill out your HA in 10 to 15 minutes. Here's how to do it.

Step 1: Create a secure account at www.healthtrustnh.org. Already have an account? You can skip to step 2!

- Visit www.healthtrustnh.org.
- Scroll to "Covered Individual" in the orange Health Coverage Login box and click the "New User" button.
- Follow the prompts to create your account.

Step 2. Complete your Health Assessment. Sign in to your secure account and click the orange "Take My Health Assessment" box.

- If you have not previously created a secure account at www.onlifehealth.com, you need to read and agree to the terms of the user agreement (first-time only), and then verify your login preferences on the next screen.
- Once you have agreed to the terms and verified your information – or if you have previously created an account with www.onlifehealth.com – you will be directed to a page to begin filling out your HA. Simply click the "Get Started Now" button to begin answering the questions.

Slice of Life Points Program

Earn points for obtaining preventive MD visits and annual physicals, attending a HealthTrust health and safety workshop, consulting a health coach, using online nutrition, physical activity, weight or other trackers, and more. **Receive a \$100 check if you earn 500 points from 1/1/16-6/30/16 and/or from 7/1/16-12/31/16 for a maximum of \$200 per year.**

You will also automatically be entered in a quarterly drawing for a chance to **win one of 10 \$1,000 gift cards** each quarter of the year by accumulating 200 points each quarter. Every 200 points earned in a quarter equals one entry into that quarterly raffle.

For more information about the Points Program and all **Slice of Life** programs; visit your secure enrollee site at www.healthtrustnh.org.



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