



Welcome Guide

For internal use only.



www.healthycontributions.com
1.800.317.2739

Welcome!

Dear Facility Owner and/or Manager,

Welcome to Healthy Contributions, LLC — your new Fitness Incentive Plan Processor — and congratulations on taking the next step in promoting wellness!

This packet is a reference tool to help you navigate our programs. Please feel free to contact a Client Service Representative should you have questions about the information found in this guide.

Thank you for choosing Healthy Contributions!

Your Dedicated Healthy Contributions Team

info@healthycontributions.com

1-800-317-2739



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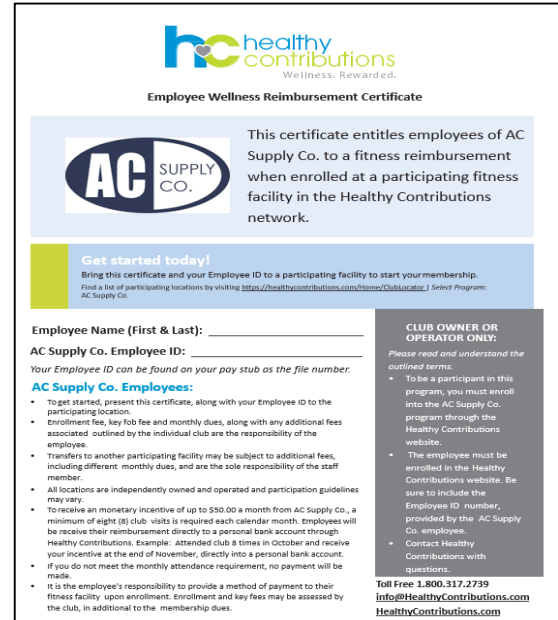
Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

AC Supply Co. Reimbursement Program

- Employees of AC Supply Co. need to provide their Employee Wellness Certificate and their 6-digit Employee ID number. The employee can find their 6-digit Employee ID on their pay stub as the file number.
- 8 visit requirement per calendar month.
- Up to \$50.00 reimbursement per calendar month.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Advocate Aurora Health Reimbursement Program

- This program is a result of the 2020 merge of Advocate Health Care and Aurora Health Care.
- Only employees and spouses/domestic partners that participate in the insurance plan are eligible.
- 10 visit requirement per calendar month.
- \$15.00 reimbursement per calendar month.
- The employee will receive reimbursement via paycheck (determined by Aurora Health Care's pay schedule).
- Resubmit grace period: 6 months.
- Fee Option B Only.



Advocate Employee Unique IDs:
7-digit employee ID

Advocate Spouse Unique IDs:
7-digit employee ID + mmdd
(Spouse's date of birth)

Aurora Employee Unique IDs:
6-digit employee ID

Aurora Spouse Unique IDs:
6-digit employee ID + mmdd
(Spouse's date of birth)

Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

American Specialty Health (ASH) Exercise Reward Program (ERP)

- Members pay the club their normal enrollment fee, security key (if applicable) and membership dues.
- Clubs will have to enter the member's numeric Fitness ID into the Heathy Contributions website.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



ExerciseRewards Fitness Card

Member Name: _____

Date of Birth (mm/dd): _____

Effective Date: _____

Website: www.ExerciseRewards.com



ExerciseRewards Program

Customer Service: 877.810.2746

Monday – Friday, 5 a.m. – 6 p.m., Pacific Time

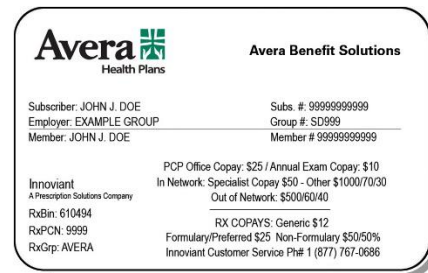
The ExerciseRewards program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).

CLIENT LOGO HERE

Verify a member's eligibility by calling 877.810.2746 or by visiting www.ASHLink.com.

Avera Health Plans

- 8 visit requirement per calendar month.
- One reimbursement per calendar month.
- One person per insurance plan.
- Must be 18 years of age or older.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Avera Health Plans Avera Benefit Solutions

Subscriber: JOHN J. DOE Subs. #: 9999999999
 Employer: EXAMPLE GROUP Group #: SD999
 Member: JOHN J. DOE Member #: 9999999999

Innoviant
 A Prescription Solutions Company

RxBin: 610494 PCP Office Copay: \$25 / Annual Exam Copay: \$10
 RxPCN: 9999 In Network: Specialist Copay \$50 - Other \$1000/70/30
 RxGrp: AVERA Out of Network: \$500/60/40

RX COPAYS: Generic \$12
 Formulary/Preferred \$25 Non-Formulary \$50/50%

Innoviant Customer Service PH# 1 (877) 767-0886

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Member Reimbursement Programs

Eligibility Details

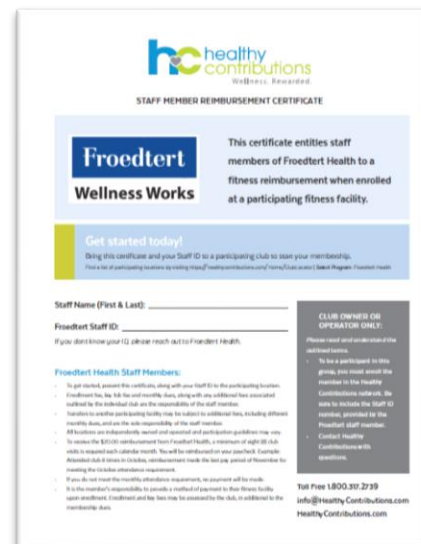
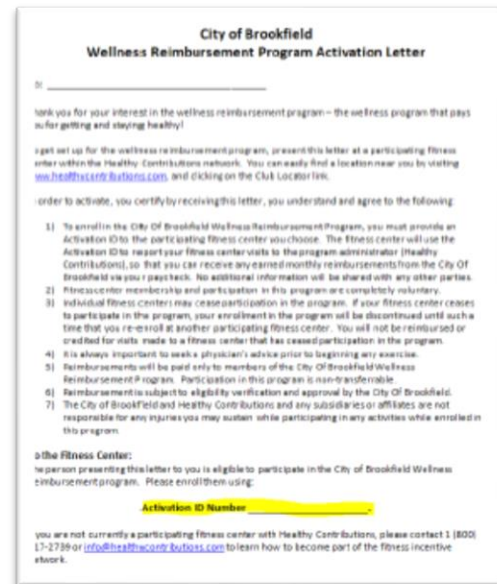
City of Brookfield Gym Reimbursement Program

- Employees and spouses must be approved by the City of Brookfield before becoming eligible for the program.
- 12 visit requirement per calendar month.
- Up to \$40.00 reimbursement per month per household (not to exceed membership dues).
- The employee will receive reimbursement via paycheck (determined by City of Brookfield's pay schedule).
- Resubmit grace period: 6 months.
- Fee Option B Only.

Froedtert Health Wellness Works

- Eligible employees will provide their Staff ID and an Employee Wellness Certificate.
- 8 visit requirement per calendar month.
- \$20.00 reimbursement per calendar month.
- The employee will receive reimbursement via paycheck (determined by Froedtert Health's pay schedule).
- Resubmit grace period: 6 months.
- Fee Option B Only.

Proof of Eligibility



Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

HealthPartners

- 8-12 visit requirement per calendar month.
- Up to \$40.00 reimbursement per policy, per calendar month.
- Up to two people per insurance plan.
- Must be 18 years of age or older.
- HealthPartners must approve facility participation.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Medica

- 8-12 visit requirement per calendar month.
- Up to \$40.00 reimbursement per policy, per calendar month.
- Up to two people per insurance plan.
- Must be 18 years of age or older.
- Eligibility is verified upon member enrollment on the Healthy Contributions website.
- Medica must approve facility participation.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

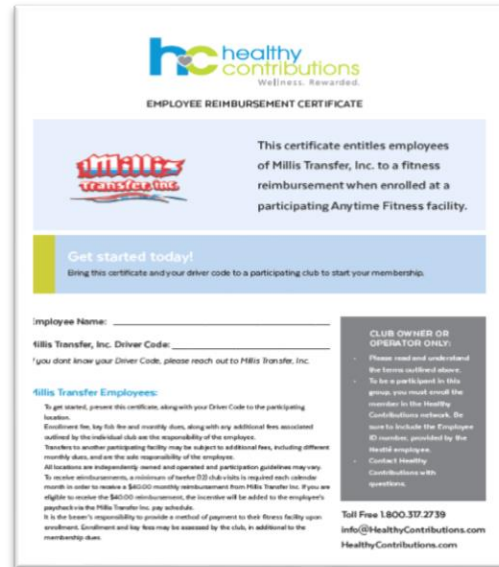
Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

Millis Transfer, Inc.

- Drivers of Millis Transfer, Inc. need to bring their employee wellness certificate and their Drive Code upon enrollment.
- 9 visit requirement per calendar month.
- \$40.00 reimbursement per calendar month.
- Resubmit grace period: 6 months.
- The employee will receive reimbursement via paycheck (determined by Milli Transfer's pay schedule).
- Fee Option B Only.



Milwaukee Public Schools (MPS)

- Employees and spouses/domestic partners that participate in the insurance plan are eligible.
- Employees must have their 6 digit employee ID number and the Employee Wellness Certificate.
 - Spouses/domestic partners must provide the last 4 digits of their Social Security Number along with the MPS 6 digit employee ID number.
- 10 visit requirement per calendar month.
- \$20 reimbursement per member per calendar month.
- Resubmit grace period: 6 months
- The employee will receive reimbursement via paycheck (determined by MPS' pay schedule).
- Fee Option B Only.



Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

Minnesota Laborers Health and Welfare Fund Fitness Program

- Employees and dependents (18+) are eligible.
- 8 visit requirement per calendar month.
- \$20.00 reimbursement per member per calendar month (\$40.00 per household).
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Nestlé USA Reimbursement Program

- Only available to eligible employees of Nestlé in the Cleveland, OH area.
- 6 visit requirement per calendar month.
- \$10.00 reimbursement per member per calendar month.
- Employees must provide an Employee Certificate and their 8-digit Employee ID upon enrollment.
- Resubmit grace period: 6 months
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).



Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

Member Reimbursement Programs

Eligibility Details

Proof of Eligibility

PreferredOne Fitness Advantage Program

- 12 visit requirement per calendar month.
- Up to \$40.00 reimbursement per policy per calendar month.
- Up to two people per insurance plan.
- Must be 18 years of age or older.
- **Members must present the Fitness Advantage enrollment form, provided by their Human Resources Department or Employer.**
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).

PreferredOne
ADMINISTRATIVE SERVICES

Test Sample PAS

Account: PKA12345

NAME:	ID:
Firstname Lastname	80180251700
Firstname Lastname	80180251701
Firstname Lastname	80180251702
Firstname Lastname	80180251703

COPAYMENTS:

RX \$30/\$15

EXPRESS SCRIPTS*
RxBIN: 003858
RxCPCN: A4
RxGRP: PFDA

PreferredOne
ADMINISTRATIVE SERVICES

PREFERREDONE FITNESS ADVANTAGE PROGRAM
MEMBER ENROLLMENT FORM

(Please check/initials must complete a separate form)

Name: (This form must be obtained from members HR department to be verified as eligible)

Employer Name: _____

Member Name: _____

Member ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Fitness Facility Name: _____

I agree to the terms listed below:

- I understand I must work out the membership of 12 visits per calendar month or require by my employer in order to receive the 12 visit membership benefit.
- I understand that my fitness facility is not an in-network facility. I am responsible for making sure I understand the rules and regulations for my visit count as per year.
- I understand that my fitness facility is not an in-network facility. I am responsible for making sure I understand the rules and regulations for my visit count as per year.
- I understand that my fitness facility is not an in-network facility. I am responsible for making sure I understand the rules and regulations for my visit count as per year.
- I understand that my fitness facility is not an in-network facility. I am responsible for making sure I understand the rules and regulations for my visit count as per year.
- I understand that my fitness facility is not an in-network facility. I am responsible for making sure I understand the rules and regulations for my visit count as per year.

Date: _____

UCare

- Up to \$40.00 reimbursement per policy per calendar month.
- Up to two people per insurance plan per calendar month.
- Must be 18 years of age or older.
- Resubmit grace period: 6 months.
- Fee Option A Only. A direct deposit to the member is required. All payments are dispersed directly into the member's bank account (see page 11).

UCarechoices

Issuer: 80840
ID: 12345678900
Name: JOHN Q DOE
RxBIN: 003858 RxCPCN: A4 RxGrp: LANA
Coverage Number: 123450
Care Type: UCare Choices Bronze

UCare Choices Network
Coverage Year 2016

Issued: 11/15/2015

Ucare ucare.org

Issuer: 80840
ID: 012345678900
Name: JOHN Q DOE
DOB: 01/02/1947
RxBIN: 003858 RxCPCN: MD Rx Grp: MNUA
RVID: 012345678900
Svc Type: MEDICAL/DENTAL
Group Number: RICLAB
Care Type: UCare for Seniors Classic
H0459 xxx

Coverage Year 2016

FOR MEMBER USE -

Emergency Care: Go to the nearest hospital or call 911.
Call UCare's Customer Services Department as soon as you are able if you receive emergency services and require hospital admission.
Customer Services: 612-676-2650 or 1-877-523-1515
TTY (Hearing Impaired): 612-676-6810 or 1-800-688-2534
UCare 24/7 Nurse Line: 1-888-778-8204
TTY (Hearing Impaired): 1-855-307-6976
Complaints or Appeals: Call UCare: 612-676-6810 or 1-877-523-1517
TTY (Hearing Impaired): 612-676-6810 or 1-800-688-2534

Please verify the eligibility of enrolling members by making a copy of the insurance card or letters as indicated above. Save a copy of this and the official enrollment form for your records, in a secure location.

Program Details

Facility Responsibilities

- Complete all required forms or online enrollment and submit to Healthy Contributions. Maintain all program records in a secure location.
- Submit member information and fitness benefit details to your Healthy Contributions portal.
- Verify and reconcile monthly Return Reports on Healthy Contributions website on or after the 25th of every month.

Resubmitting Past Usage Information

- The facility may resubmit a member's past usage information at any time. The information will be submitted with the following month's file submission.
- Please note each plan has their own timeline for accepting resubmitted usage. Approval is at the discretion of each provider and the approval timeline can be found on each plan's FAQ document.

Viewing and Confirming Monthly Return Reports

- It is required that on or after the 25th of every month, your facility logs in to the Healthy Contributions website to view the Return Report.
- The Return Report outlines the total summary payment and a member-by-member breakdown for your reconciliation.

Benefit Disbursement

- In accordance with monthly Return Reports, Healthy Contributions will process the usage and disburse payment according to the facility's selected plan on or after the 25th of every month.
- Members and clubs can expect their benefit outcome on or after the 25th of the month. The outcome can differ by plan provider.

Changes, Corrections, and Deletions

- The facility is solely responsible for any changes, corrections, and/or deletions made to member demographic and fitness incentive insurance information.

Contact Information/Program Administration

- It is required that at least one staff member be assigned to administer this program at the facility level.
- Contact information—including email addresses and phone numbers—must be current in our files and any changes need to be reported to Healthy Contributions.

Processing Timeline

Member Exercise Period | 1st – end of month

- Members work out periodically throughout the month to achieve the necessary usage requirements as outlined in the reimbursement program details.
- During this time, facility staff should track usage to prepare for monthly submissions.

Usage Submission | 1st – 5th of month

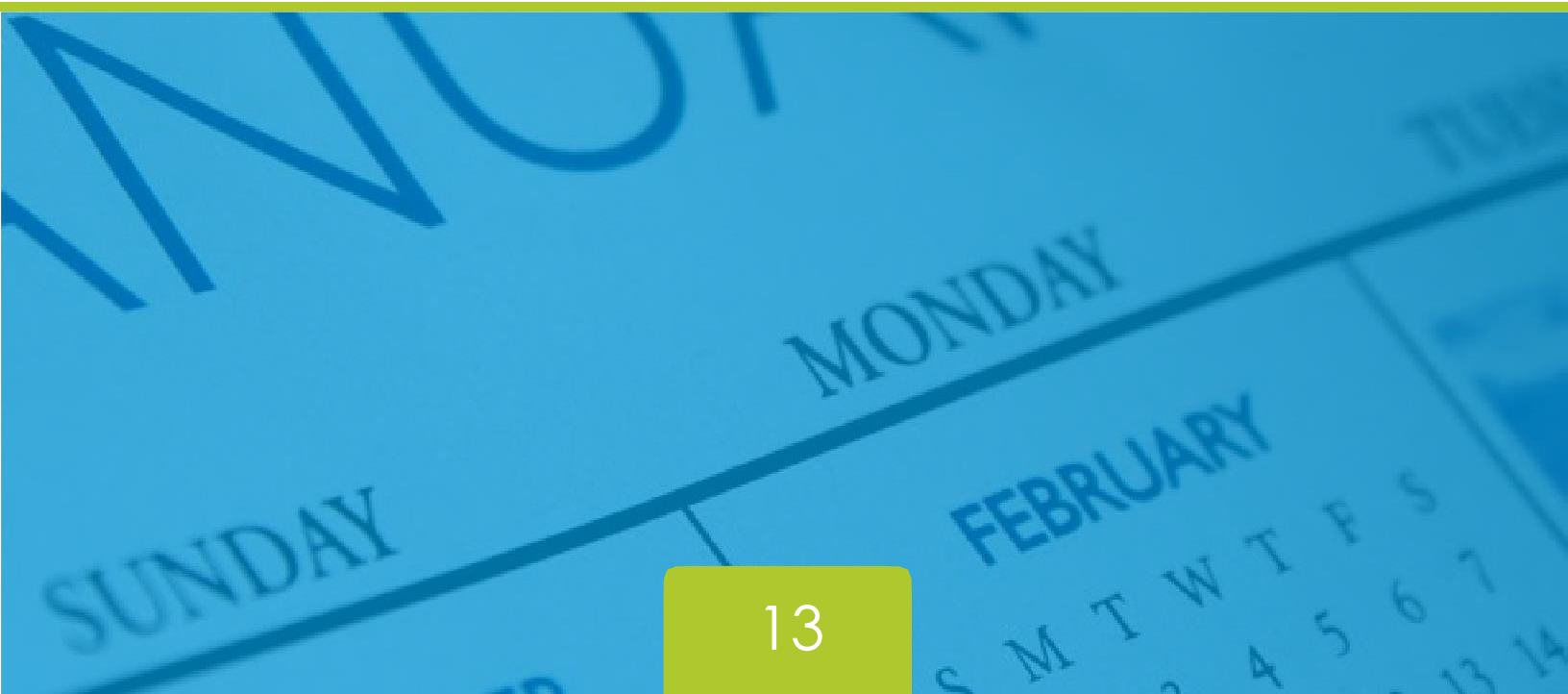
- Member usage information from previous month is submitted via the Healthy Contributions website.
- During this time, you may also enter any resubmissions.
- Following submission, usage files are transferred by Healthy Contributions to the appropriate program provider for processing.

Data Exchange | 6th – 27th of month

- Healthy Contributions submits usage to program provider by the 6th of the month or the next available business day.
- Program provider reviews & verifies usage and reimbursements are returned to Healthy Contributions by the 27th.
- The status of member credit is posted for online viewing at this time.

Reimbursement | On or After the 25th of month

- Members who successfully meet the criteria of their specific program receive reimbursements accordingly.
- Return reports are made available to facilities on the Healthy Contributions portal.



Fee Structure for Member Reimbursement Programs

Payment Designation

Designation of funds is determined and set by the program provider. Direct Deposit to a member’s bank account is the preferred method of reimbursement and is mandated by a majority of the program providers we work with.

This option—Option A—is the default reimbursement method for our member reimbursement programs.

All fees are provided for reference and are subject to change at the discretion of Healthy Contributions.

Option A: direct deposit to members Remittance by Healthy Contributions.	
Health plan setup	
• Free setup of first health plan program	\$0
• Additional health plan program(s):\$20 per program
Monthly program participation	
• Assessed per fitness incentive program submitted each month.	
• Monthly file submission is mandatory.\$5 per program, per month
Initial member enrollment, health plan modifications, and return reports	
• Member enrolled by Facility via Healthy Contributions website:	\$ 1.50 per new member
• Return Reports accessed by Facility through Healthy Contributions website:	No charge
Processing and transaction fees	
• ACH deposit to Member’s bank account.\$0.25 per successful reimbursement
Usage submission	
• Submitted via Healthy Contributions website:	No charge
Monthly Maintenance Fee:	
• This fee is assessed per member on the facility’s Active Member list via the Healthy Contributions website.	
	.\$0.15 per member per month

*Please Note: Members receiving payroll direct services not subject to transaction fees.

*This option is currently offered for: Employee Wellness programs.

*Late payments are assessed and charged an additional \$29.00 per month.

Fee Structure for Club Reimbursement Programs

Alternative reimbursement options are available by request, if permissible.

Club-paid reimbursements—in which the club is reimbursed in exchange for partial or full memberships—are automatically enrolled in Option B, which is outlined in the “Club Reimbursement Programs” section of this guide.

All fees are provided for reference and are subject to change at the discretion of Healthy Contributions.

Option B: direct deposit or check to Facility. Remittance by Facility.	
Health plan setup	
<ul style="list-style-type: none"> Free setup of first health plan program \$0 Additional health plan program(s): \$20 per program 	
Monthly program participation	
<ul style="list-style-type: none"> Assessed per fitness incentive program submitted each month. Monthly file submission is mandatory. \$5 per program, per month 	
Initial member enrollment, health plan modifications, and return reports	
<ul style="list-style-type: none"> Member enrolled by Facility via Healthy Contributions website: \$ 1.50 per new member Return Reports accessed by Facility through Healthy Contributions website: No charge 	
Processing and transaction fees	
<ul style="list-style-type: none"> ACH deposit to Member’s bank account. \$0.15 per successful reimbursement 	
Usage submission	
<ul style="list-style-type: none"> Submitted via Healthy Contributions website: No charge 	
Monthly Maintenance Fee:	
<ul style="list-style-type: none"> This fee is assessed per member on the facility’s Active Member list via the Healthy Contributions website. \$0.15 per active member per month 	

*Late payments are assessed and charged an additional \$29.00 per month.

Cancellation Policy

Member Cancellations

- Each facility is required to have a member cancellation policy defined.
- For members who receive reimbursement, keep them in your portal through the final month following their cancellation month. (E.g., If the member is scheduled for cancellation on July 20th you would not remove them from the Healthy Contributions portal until August 31st). Members acknowledge that they understand and agree to this upon signature of the enrollment form. The facility may not submit the member and keep their credit, which could be construed as insurance fraud.
- If a facility has been accruing credits for a paid-in-full membership, the facility must track and disburse payment as agreed to or upon member or Healthy Contributions request.

Facility Cancellations

- If your facility no longer wishes to participate in the Fitness Incentive Processing Program(s) with Healthy Contributions, the facility must submit a notice of cancellation via email at info@healthycontributions.com.
- A 30-day notification for all facility cancellations is required. Confirmation from Healthy Contributions must be received by the facility for completion. If you do not receive confirmation of cancellation within 24 hours of submission, please call 1-800-317-2739.
- Facility is responsible for notifying members of any remaining pending credits and distribution of funds, if applicable.
- Members are eligible for re-enrollment at other facilities.

Facility Closure

- It is the responsibility of the facility to notify Healthy Contributions of closure within 30 days of the actual closing date via email at info@healthycontributions.com.
- Facility is responsible for notifying members of any remaining pending credits and distribution of funds, if applicable.
- Members are eligible for re-enrollment at other facilities.

IHRSA Club Standards



Healthy Contributions proudly aligns with the **International Health, Racquet & Sportsclub Association's Club Membership Eligibility Standards** and strongly encourages our facility partners do the same.

- STANDARD 1** | The club will open its membership to persons of all races, creeds, places of national origin, and physical abilities.
- STANDARD 2** | The club will respond to and endeavor to resolve, within 60 days, any consumer complaints made to the Better Business Bureau or to state or local consumer protection agencies (or other such agencies).
- STANDARD 3** | The club will comply with all relevant laws concerning pre-sell membership fees.
- STANDARD 4** | The club will not sell prepaid, lifetime memberships, and will not guarantee membership or renewal fees beyond a three-year period or the period permitted by applicable law.
- STANDARD 5** | The club will not engage in illegal membership sales tactics.
- STANDARD 6** | The club will conform to all relevant laws, regulations, and published standards.
- STANDARD 7** | The club will respond in a timely manner to any reasonably foreseeable emergency event that threatens the health and safety of its patrons. Toward this end, the club will have an appropriate emergency plan that can be executed by qualified personnel in a timely manner.
- STANDARD 8** | The club will offer each adult member a pre-activity screening appropriate to the physical activities to be performed by the member.
- STANDARD 9** | Each person who has supervisory responsibility for a physical activity program or area at the club will have demonstrable professional competence in that physical activity program or area.
- STANDARD 10** | The club will post appropriate signage alerting users to risks involved in their use of those areas of the club that may present increased risk(s).
- STANDARD 11** | A club that offers youth services or programs will provide appropriate supervision.
- STANDARD 12** | The club will be kept clean and equipment will be maintained in working order.

IHRSA. "Club Membership Eligibility Standards." International Health, Racquet & Sportsclub Association. 2020. <https://www.ihrsa.org/about/ihrsa-club-membership-eligibility-standards/>

Marketing Guidelines

Marketing is an important part of operating a successful business. Below are some tips on marketing fitness benefits in your facility!

Healthy Contributions' Resources Page

- Visit the Marketing section within the Healthy Contributions Resources Page to access useful, approved marketing material.
- Approved material can be printed and displayed in the club.

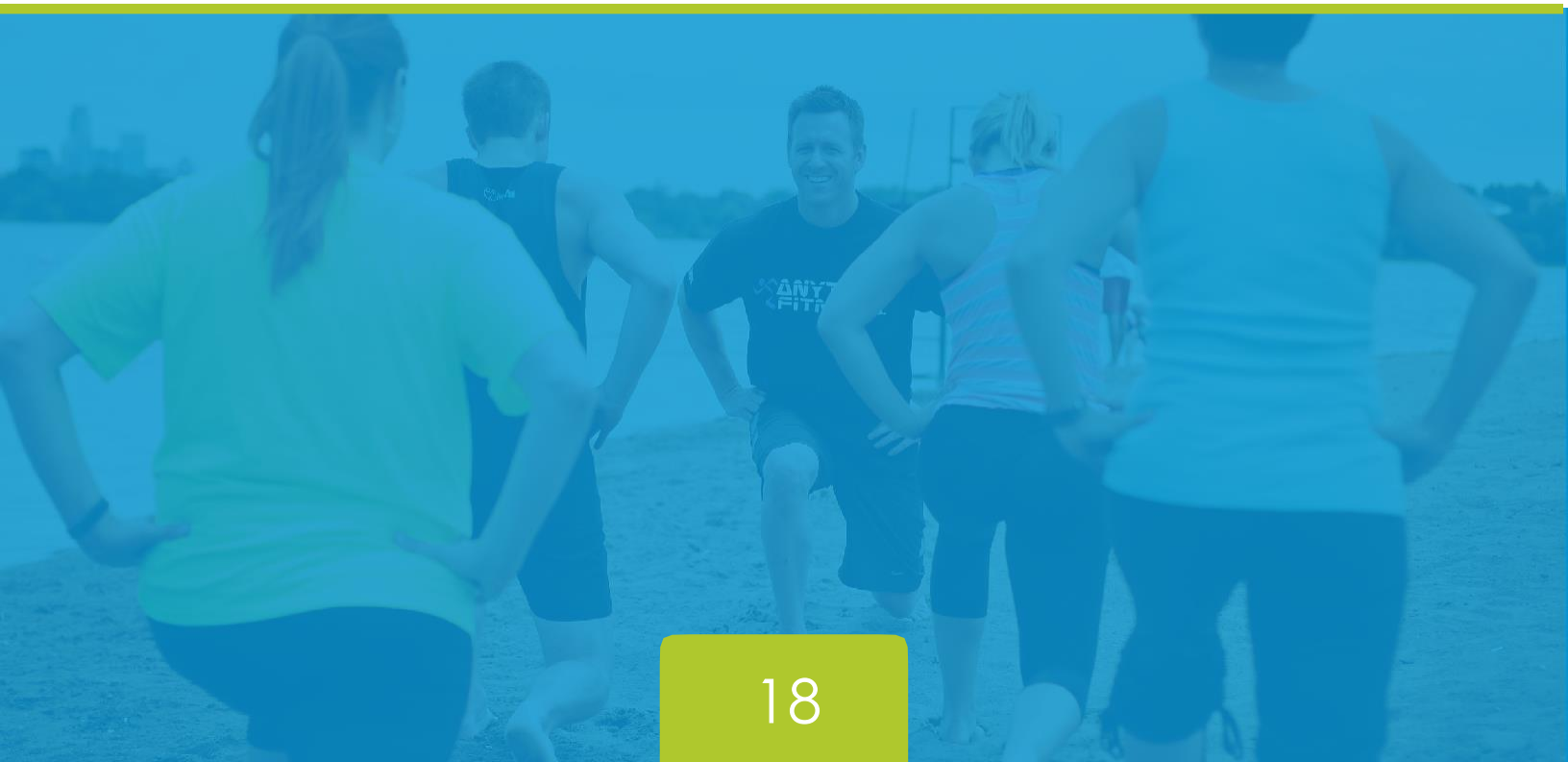
Inquire With Prospective Members About Their Current Insurance Provider

- Prospective members may be intrigued to learn that your facility participates in fitness benefits.
- Members can contact their insurance provider/ employer directly to learn about what fitness benefit they may be eligible for.
- Contact your Healthy Contributions representative to obtain one of our Health Plan Request Letters that your facility or a member may send to their insurance provider or employer.

Attracting And Retaining Seniors

- Advertise senior-friendly sessions that include modified exercises.
- Host a Senior Day. Make this day a social gathering by providing coffee and healthy snacks.
- Designate a Senior Ambassador. Choose an enthusiastic individual to encourage others to visit your gym regularly and to promote special senior days.

Any marketing materials mentioning the health plan or employer are required to be submitted for approval. Individual locations are not allowed to create any marketing, advertising, or public relations activities.



Member Guidelines

Facility Owners: Please provide a copy of the Member Guidelines to all participating members

The Fitness Incentive Processing Program was designed to help you improve your health and well-being and perhaps even make a lifestyle change! An ongoing commitment from you will help maximize the benefits of the program.

Member Responsibilities

- Provide a photocopy of your insurance card or other proof of eligibility, along with the completed enrollment form, to your fitness facility.
- Promptly report any changes to your insurance benefits to your fitness facility.
- Familiarize yourself with the requirements of your specific reimbursement program.
- To receive timely and accurate reimbursements, ensure all workouts are properly tracked.
- If you do not receive expected reimbursements, contact your plan provider first.
- If your reimbursement is denied due to ineligibility, please contact your HR department or your fitness incentive provider customer service department to confirm eligibility. If eligible, request a new card (if applicable) and confirm that the correct information is being submitted.

What You Should Know

- If you terminate your membership, you will forfeit any credits that have not been reimbursed at the time of termination.
- Reimbursements are most often applied the second month after they are earned.
- If a particular month is not reimbursed on time, it can be resubmitted in the next submission window (per program guidelines) and applied according to the timeline above.

