

Group Policy/Certificate Amendment Healthy Living Reimbursement Benefit

In consideration of the premium charged and paid for coverage issued through the group insurance policy and under which Security Health Plan of Wisconsin, Inc., (Security Health Plan) issued the Certificate to which this amendment is attached, that Certificate and group insurance policy are amended as follows:

Security Health Plan offers reimbursement for members who engage in approved health activities, subject to the provisions set forth in this amendment. Members are eligible for a reimbursement of up to \$100 per member per calendar year, with a maximum of \$200 per family.

Subscriber or other adult family member participation makes the following activities/programs eligible for reimbursement, as described below:

Physical activity

- Gym and health club memberships
- Cardio and/or movement-based physical activity classes (i.e., Tai Chi, dance, karate)
- Personal training

Educational programs

- The following classes provided through Security Health Plan's affiliated providers:
 - Physical activity
 - Tobacco cessation
 - Weight management
 - Nutrition
 - Stress management
- Weight Watchers[®]

Members must submit a completed **Healthy Living Benefit Reimbursement** form along with applicable receipts.

Adult members are allowed to send **one form per calendar year**, with receipts totaling up to \$100 per member, maximum of two members per family annually. Each member must submit a separate form.

Security Health Plan reserves the right to verify participation at its discretion. The person must be a member when the expense is incurred.

The following activities/programs are NOT eligible for reimbursement under this benefit:

- Pool-only facilities (unless as part of an instructional swim program)
- Social clubs
- Equipment
- Uniforms
- Greens or race fees
- Transportation
- Association memberships
- Lodging
- Meals
- Fitness clothing
- Vitamins
- Activities that are otherwise covered under this policy

Note: This benefit may be considered taxable income to the subscriber/employee from his or her employer. Please contact the policyholder for more information.

This amendment shall be effective beginning with the date for which the appropriate premium shall have been paid to and accepted by Security Health Plan. This coverage shall be in force under the same provisions as govern the policy. All terms, provisions and conditions of the entire policy remain unchanged except as stated above.

IN WITNESS WHEREOF, Security Health Plan of Wisconsin, Inc. has executed this amendment.

SECURITY HEALTH PLAN OF WISCONSIN, INC.

A handwritten signature in black ink that reads "Julie Brussow". The signature is written in a cursive, flowing style.

Julie Brussow
Chief Executive Officer
Security Health Plan

This amendment modifies certificates with INS-00046, INS-00048, INS-00091 or INS-00093 as part of their form numbers.

Healthy Living Reimbursement Request

Security Health Plan offers a healthy living benefit to reward you for engaging in health and well-being activities. The benefit is available to eligible Security Health Plan members age 18 and older. Limit, two members per family.

Please read the instructions for more information:

- Members eligible for this benefit are allowed to send in one reimbursement form per calendar year. Be sure to include all receipts for which you wish to be reimbursed with this form.
- A separate form is required for each eligible member requesting reimbursement. Reimbursement is limited to \$200 per family; \$100 per member.
- Reimbursement requests must be received no later than March 31 of the following year. Any requests received after this time for the previous calendar year will be denied.
Example: If you send a request for reimbursement on April 1, 2018 (or later) for reimbursement for a 2017 gym membership, it will not be accepted.
- Reimbursements are based on the calendar year of the receipts.
Example: If you are requesting reimbursement for 2017, your receipts must be dated for services rendered in 2017.

STEP 1: Complete the health assessment at www.securityhealth.org/wellness.

STEP 2: Member requesting reimbursement _____

Employer/Sponsor name _____

Subscriber number _____

Member number _____

(This is the number to the left of your name.)

Date of birth _____

(Fill out the information as it is listed on your medical ID card.)

Member home address _____

SecurityHealth Plan. Promises kept, plain and simple.		
Subscriber #: 050012345600	Medical Card	
Grp#: 987654	Active Advantage	
00123456	John Doe	06/16/1960
00234567	Jane Doe	01/16/1960
01234567	Jack Doe	05/16/1990
01876543	Jill Doe	04/16/1985
Security Health Plan Customer Service 1-800-472-2363		

STEP 3: Attach a copy of the paid receipts and mail to the address below with this form. Receipts must clearly indicate the name of the facility or program. Checks will be made payable to the subscriber.

Security Health Plan; Attn: Claims Department; PO Box 8000; Marshfield, WI 54449-8000

STEP 4: Sign below attesting that you participated in the activity for which you are requesting reimbursement.

Signature

_____/_____/_____
Date (month/day/year)

Continued on back

FOR INTERNAL USE ONLY

HA Completion TIN 39-1541217 CPT S9970 Dx code Y93.89 POS 99
Date of service _____ / _____ / _____ Amount _____

About the healthy living reimbursement

Security Health Plan offers a healthy living reimbursement to reward you for engaging in health and well-being activities. Subscribers, their spouses or adult dependents (18 and older) are eligible for this benefit.

Members might be reimbursed up to \$100 maximum per member per calendar year (\$200 maximum per family per calendar year). Members cannot be reimbursed more than the cost incurred for membership/class.

This benefit is available through certain employer-sponsored plans. Check your Certificate Amendment to see if you are eligible and for additional information about the healthy living reimbursement. Your amendment can be found with your policy materials or through Security Health Online.

Healthy living-related programs for which you might be reimbursed:

- Nutrition or wellness class
- Gym or health club membership
- Exercise class or personal trainer
- Weight-loss program
- *Adults only (age 18 years and older):* Swim instruction or water exercise class

Activities **NOT** eligible for reimbursement

- Pool-only facilities (unless as part of a swim instruction or water exercise class)
- Social clubs
- Equipment
- Uniforms
- Greens/Race fees
- Transportation
- Association memberships
- Lodging
- Meals/Food
- Fitness clothing
- Vitamins
- Activities that are reimbursable under the member's insurance plan

If you have any questions, please contact Security Health Plan's Customer Service Department at 1.800.472.2363.

Notice of nondiscrimination: Security Health Plan of Wisconsin, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Limited English proficiency services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY: 711).