



# WELLNESS REWARDS

Reward yourself and your spouse with up to \$150 each year in HRA or HSA Dollars!

To encourage you to stay healthy, the RCAB Health Plan offers reimbursement for a variety of wellness-related expenses. Expenses eligible for reimbursement include:

- ❖ Fitness club membership
- ❖ Fitbit or other fitness tracker purchase
- ❖ Weight management membership (Weight Watchers, Jenny Craig, etc.)
- ❖ Group fitness class (aerobics, kickboxing, etc.)
- ❖ Stress management, nutrition, or other non-physical wellness class
- ❖ Sports team membership
- ❖ Fitness equipment (weights, stretch bands, etc.)
- ❖ COVID-19-related PPE/hand sanitizer

Wellness Rewards will be provided as a deposit to a Health Reimbursement Arrangement account (HRA) (if enrolled in the Enhanced or Basic Plan) or Health Savings Account (HSA) (if enrolled in the High Deductible Health Plan), so there are no tax implications for you. HRA/HSA dollars are loaded onto a Health Equity debit card and can be used to pay for deductibles, co-pays (not applicable to HDHP), and coinsurance, as well as for qualified dental, vision, and other over-the-counter purchases. HRA funds roll over from year to year as long as you remain a member of the RCAB Health Plan. HSA funds also roll over from year to year, but they stay with you even if you disenroll from the RCAB HDHP or terminate employment.

To qualify for the Wellness Reward into your HRA/HSA, you or your spouse must be covered under the RCAB Health Plan at the time the expense was incurred. The maximum Wellness Reward per person per Plan Year is \$150 HRA/HSA dollars. The reward applies for expenses incurred by an enrolled employee and/or spouse during the Plan Year. Rewards are typically processed within 4 weeks of receipt. Rewards must be submitted within 90 days of the close of the applicable Plan Year.

You may submit multiple requests (minimum of \$25), or one request if your expense is \$150 or more, for expenses incurred during the Plan Year. Complete the enclosed Wellness Reward Claim Form with the required documentation to receive your credit.

## WELLNESS REWARD CLAIM FORM

### Employee Information

Full Name: \_\_\_\_\_

Employer Location: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Spouse Information (if claim being submitted is for spouse)

Full Name: \_\_\_\_\_

### REIMBURSEMENT INFORMATION

Which wellness activity are you requesting reimbursement for?

Fitness club membership

Fitbit or other fitness tracker purchase

Weight management membership (Weight Watchers, etc.)

Stress management or other non-physical wellness class

Other (please describe): \_\_\_\_\_

Sports team membership

Group fitness class (Aerobics, kickboxing, etc.)

COVID-19-related PPE/hand sanitizer

Requested Amount            \$ \_\_\_\_\_ (\$150 maximum)

Please enclose/attach one of the following for proof of payment and enrollment/purchase

- An itemized receipt or statement on letterhead with an authorized signature from the fitness club, weight management program, non-physical wellness class (i.e., stress management), sports team membership and/or group exercise class showing the dates of membership and the amount paid.
- Receipt showing purchase of fitness tracking device, fitness equipment, etc., with store name, date of purchase and item purchased.

I attest that the above information is true and accurate and that the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalty for false health care claims. I also understand that the RCAB Health Plan may request any additional information it deems necessary to verify that services were received and payment was made.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form and documentation to:

RCAB Lay Benefits Office  
66 Brooks Drive  
Braintree, MA 02184

Phone: 617-746-5640  
Fax: 617-779-4567  
E-Mail: [benefits@rcab.org](mailto:benefits@rcab.org)