(Available Nationwide)



Fitness Incentive Program Details

Avera Health

Program Requirements:

- Eligible adult must be enrolled on the Avera Health Employee Health Plan
- Must be an Avera employee and/or spouse only
- 8 visits = up to \$20 reimbursement
- One (1) card per member

Avera Pix Employee Health Plan Subscriber: John Doe Subscriber #: 99123456781 Group: AVERA MCKENNAN Group #: AH0501 Member: Jane Doe High Deductible Health Plan In Network: XXXX XXXXX XXXXX XXXXX RX/PCN: XXXX RX/GRP: XXXXX RX/GRP: XXXXX

Blue Cross Blue Shield of North Dakota

<u>Program Requirements:</u>

- Up to 2 people per household
- Subscriber and subscriber's spouse
- 12 visits = redeemable for points
- 9-Month program only ~ Jan-Sept
- One (1) card per household

| Member Name | ROBERTCARDTEST | TESTCARD | D | QD123456789001 | SvcType | Medical, Rx | ROBERTCARDTEST | SvcType | Medical, RX | Office Visit Copay | \$20 | RBN | RDCOM | RDC

PPO

(Available Nationwide)

Fargo Public Schools

Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse; both must be covered under the District's health insurance program
- 12 visits = up to \$20 reimbursement
- Employee's spouse adds an "S" at the end of the badge #

(Available in greater MN and the ND area)



Fleet Farm

Program Requirements:

- Team Member and Spouse are eligible
- 12 visits = up to \$20 reimbursement
- Eligible members will use their BCBSMN ID #; Dep ID # will be "T" for team member and "S" for spouse
- One (1) card per member

(Available in select cities Nationwide)

	BlueSh	ield	FEET FFARM
Name ROBERTCARDTEST TESTCARD		GRP Fleet Wholesale	10195333 Supply Co.
ID# FYF1234567890	001		
SvcType Network:	Medical	Care Type Office Copay	PPO \$0
Blue Preferred POS		ER Copay	\$150
			PPO

HealthPartners

Program Requirements:

- Up to 2 people per household; Must be 18 years or older
- 12 visits = up to \$20 reimbursement
- One (1) card per member

(Available Nationwide per sponsor)





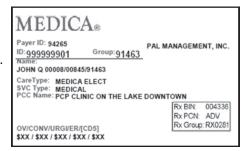
Fitness Incentive Program Details

Medica ~ requires approval

Program Requirements:

- Each member must work out 8 or 12 visits/month, depending on their insurance policy; Members must be 18 years or older.
- Medica provides up to a \$20 credit with a maximum of 2 credits per month per family towards health club membership monthly dues.
- One (1) card per member

(Available Nationwide per sponsor)



Midco

Program Requirements:

- Employee + spouse; Spouse adds an "S" at the end of the Employee Id #
- 8 visits = up to \$20 reimbursement
- Employee ID is located on internal system; no physical card

(Cable/TV Company in select cities Nationwide)



MTS

Program Requirements:

- Employee + 2nd participating adult
- 12 visits = up to \$20 reimbursement
- Dep ID # will be "E" for Employee, "C" for adult child and "S" for spouse
- Employee ID is located on internal system; no physical card

(Engineering company in select cities Nationwide)

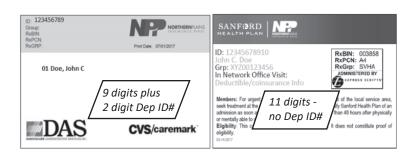


Northern Plains Insurance Pool

Program Requirements:

- Employee Only
- 8 visits = up to \$20 reimbursement
- One (1) card per employee

(38 School Districts in South Dakota)





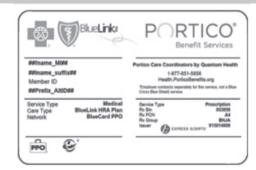
Fitness Incentive Program Details

Portico

Program Requirements:

- 2 people per household; 18 years of age or older
- Employee + 2nd participating adult
- 8 visits = up to \$20 reimbursement
- One (1) card per member

(ELCA's in select cities Nationwide)

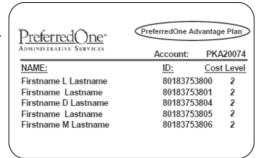


PreferredOne

Program Requirements:

- Up to 2 people per household; Must be 18 years or older
- 12 visits = up to \$20 reimbursement
- Some programs may vary, ask your employer for details
- One (1) card per member

(Available Nationwide per sponsor)



PrimeWest

Program Requirements:

- Senior Subscriber, 65 and older, is eligible
- 12 visits = up to \$20 reimbursement
- One (1) card per member

(Medicaid available in Minnesota)

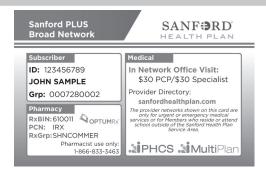


Sanford Health Plan

<u>Program Requirements:</u>

- Up to 2 people per household
- Subscriber and subscriber's spouse; enter an "E" for Subscriber and "S" for Spouse in the Dep ID # field
- 12 visits = up to \$20 reimbursement
- One (1) card per member

(Available Nationwide)





Fitness Incentive Program Details

Sioux Falls School District (SFSD)

(Available in the Greater Sioux Falls Area)

Program Requirements:

- Up to 2 people per household; Subscriber and subscriber's spouse
- Both the subscriber and spouse must be covered under the District's health insurance program
- 8 visits = up to \$20 reimbursement
- Employee ID is in SFSD Payroll system; no physical card

Employee Name (#003018)

View the top left corner of your MyView paystub to find your Employee Number. Spouses should add an "S" to the end of the Employee Number. You can also call 605-367-7661 to learn your Employee Number.

South Country Health Alliance

Program Requirements:

- Must be Sr. Care Complete OR AbilityCare
- **Be Active:** No minimum (0) visit required to receive an up to \$20 reimbursement per mo.
- No limit of participants per household*

(Available in Minnesota)

Issued: MM/DD/YYYY



^{*}There is no limit per household, as long as each participant is enrolled during the respective month and is eligible to receive the discount.

UCare

(Available in Minnesota and surrounding area)

Program Requirements:

One (1) card per member

Medicare Members:

- No Minimum visits = up to \$20 reimbursement
- Must have a paid membership

Individual Family Plan (IFP):

12 visits = up to \$20 reimbursement

Issuer: 80840 Name: JOHN Q DOE ID: 12345678900 RXBIN: 003858 RXPCN: A4 RXGrp: L4NA SVC Type: MEDICAL Care Type: UCare Bronze Copays, coinsurance, and/or deductible may apply.

National Independent Health Club Association

Coverage Year 2019

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