

Iroquois Central School District participants are eligible to be reimbursed for exercise classes/lessons and gym/aquatic center membership fees per plan year of \$100 (single health insurance plan) and \$150 (family health insurance plan).

Wellness Activity Reimbursement Guidelines

Reimbursement Period: July 1, 2021–June 30, 2022. Payment receipts must be dated within this time frame. Gym/Aquatic Center membership contracts can carry from year to year.

Final Deadline: You have until **July 15, 2022** to submit your reimbursement for the July 1, 2021 to June 30, 2022 period.

Submissions on the wrong year's form will not be processed.

Submit by Mail or Fax. Emailed or hand-delivered submissions will not be accepted. See following page for instructions.

Pro-rate: If an enrollee's coverage with Iroquois Central School District is terminated for any reason or becomes active after July 1, 2021, reimbursement is pro-rated by the number of months you were an active participant in the district x \$8.34 (single) or \$12.50 (family).

Qualifying Gym/Aquatic Center: A minimum 1-month gym membership is required to receive reimbursement through this program.

Not Eligible: Memberships in sports clubs, country clubs, weight-loss clinics, spas, or other similar facilities are not eligible. Maintenance fees, annual fees and initiation fees are not eligible.

Qualifying Exercise Classes: The class must be multiple sessions that encompass more than 30 days. A minimum 1-month payment of the classes/sessions is required to receive reimbursement through this program.

Not Eligible: One-time, single session or drop-in events or activities; leagues; costume/fundraising fees, accessories such as yoga mats or sneakers; physical therapy sessions are not eligible.

Only the gym/aquatic center membership fee or class/session fee is eligible for reimbursement.

Appeals: If a claim is denied, appeals may be made in writing to the Plan Administrator. The decision of Iroquois Central School District is final.

Claims Processing: Incomplete or incorrect documentation will delay processing. You will be contacted and asked to resend proper documentation if it is received incomplete or incorrect, or if no receipt accompanies your claim form.

Payment: Payment is made directly to the primary enrollee (no third party payments).

Follow These Steps to Receive Reimbursement

- Fitness or Aquatic Memberships** (Examples: Curves, Gold's Gym, YMCA, Aquatic Centers, Jewish Center) A minimum 1-month membership is required. Only the membership fee is eligible for reimbursement. **NOT ELIGIBLE:** Memberships in sports clubs, country clubs, weight-loss clinics, spas, or other similar facilities. Maintenance fees, annual fees, initiation fees, food or beverage purchases, child care, tanning are not eligible.
- Exercise or Yoga Classes (Multiple sessions, not less than one month in duration)**
(Examples: Yoga, Aerobics, Spinning, Dance Class, Community Education Exercise Classes, CrossFit)
A minimum 1-month payment of the classes/lessons is required. **NOT ELIGIBLE:** One-time, single session or drop-in events or activities; leagues; costume/fundraising fees, accessories such as yoga mats or sneakers; physical therapy sessions are not eligible.
- Know your reimbursement period.** July 1, 2020–June 30, 2021.
If an enrollee's coverage with Iroquois Schools is terminated for any reason or becomes active after July 1, 2021, reimbursement is pro-rated by the number of months you were an active participant in the district x \$8.34 (single) or \$12.50 (family).
- Submit paperwork.** You need to provide:
1. This form.
 2. A copy of the first page of gym membership agreement/contract or fee schedule OR a copy of the fee schedule for the exercise class/lesson.
 3. Proof of payment (e.g., payment history/summary from gym, credit card statement, payroll deduction, auto bank withdrawal, etc.) Proof of payment must show name of eligible Iroquois Central Schools participant. *Cross out your banking account number so it is not legible.*
- This is a reimbursement program. You must show payment in the amount you are seeking for reimbursement.
- Return form and documentation to:**
Mail: Nova Healthcare Administrators, an Independent Health Company, PO Box 1534, Buffalo, NY 14231
If you elect to mail your information, it is advised that you keep a copy for your records.
Please do not staple receipts to your form.
Fax: (716) 774-8092
- Please pick only one delivery method – do not fax and mail.
 - Claims must be received by Nova five full business days prior to your scheduled reimbursement date.
- Submissions must be received no later than July 15, 2022.**

Please Complete the Information Below:

Primary Enrollee Name: _____ Employer Name: _____

Home Address: _____ Phone: _____

City, State: _____ Zip Code: _____

Primary Enrollee Email : _____ Please check here if this is a new address

Please indicate if you have the following types of coverage*: Single Health Coverage Family Health Coverage

Reimbursement Amount: \$ _____

Maximum reimbursement level is \$150 (family) or \$100 (single)
Incomplete or incorrect claims submission will delay payment.

Questions? Call Nova's Customer Service Department, Monday-Friday, from 8 a.m. to 8 p.m., at (716) 505-8566.