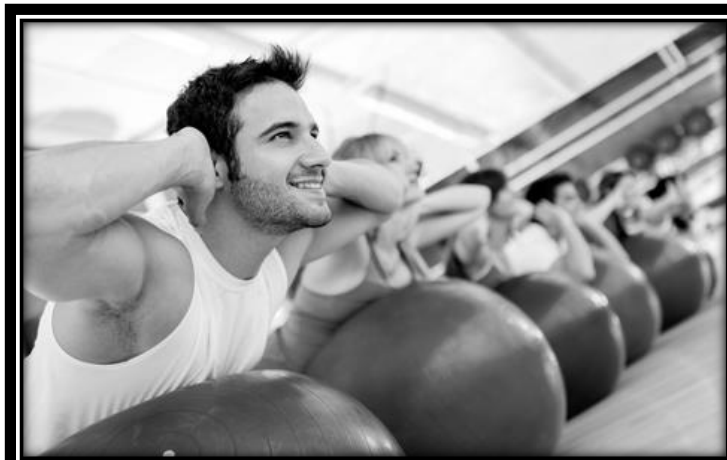


New Member



GUIDE

NIHCArewards.org

National Independent Health Club Association

165 8th Avenue - Suite #1 | Granite Falls, MN 56241

Phone (320) 722-0084 | Fax (320) 722-0095

coord@nihca.org | info@nihca.org

www.NIHCA.org

WELCOME TO NIHCA!

THANK YOU... for being part of NIHCA's Fitness Incentive Programs. We hope that you find your "New Member Guide" helpful. Please review this packet for information relating to the Fitness Incentive Programs and the partners that we work with.

The National Independent Health Club Association is a *non-profit* organization that strives to help fitness facilities succeed in the fitness industry in today's economy. We want you to have the opportunity to heighten your visibility while staying one step ahead of your competition. We manage many fitness incentive programs nationwide. This is a great opportunity to gain access to a market that you did not have access to and provide to you a network of thousands of fitness facilities nationwide. We are your friend in the fitness industry and serve as a business partner for you. We want you to succeed and grow - we are here to help! Be sure to follow us on Facebook and Twitter!

THE BENEFIT

Membership with NIHCA offers more than just the fitness reimbursement and incentive programs. We offer many benefits to you as the member.

- We give you the opportunity to offer exclusive fitness reimbursement and incentive programs.
- You receive exposure on www.nihca.org that includes your facility name, address, phone number, along with a direct link to your website.
- You also receive exposure on NIHCArewards.org as well as have ONLINE member enrollment.
- Part of your membership includes the ability to post unlimited job openings at your facility, as well as any equipment that you would like to sell or buy on our website.
- We have put together a "Preferred Vendor List" for you so that you can receive discounted rates on great fitness related products and services.
- You have access to FREE monthly webinars for an unlimited amount of employees (*Valued over \$1,200*), discounted rates to attend conferences, access to training materials and support, and access to our member-only newsletter containing informative fitness related topics and articles.
- We also provide you with posters and promotional materials for you to attract new members and retain your current members.



FITNESS INCENTIVE PROGRAM DETAILS

Blue Cross Blue Shield of Minnesota

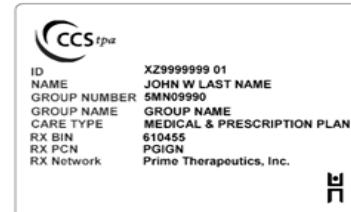
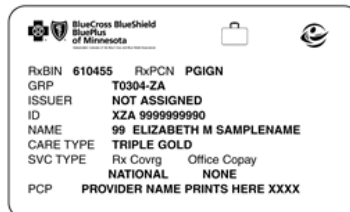
Program Requirements:

- Up to 2 people per household
- 18 years of age or older
- 12* visits = up to \$20 reimbursement

**Some self-funded groups only need to workout (8) days per month.*

(Available Nationwide)

One (1) card per Member



Blue Cross Blue Shield of North Dakota

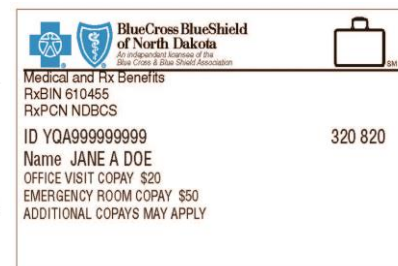
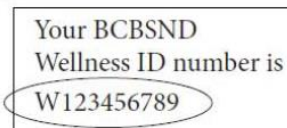
Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse
- 12 visits = up to \$20 reimbursement

Metallic Plan ~ 12 visits = up to \$10 reimbursement

(Available Nationwide)

One (1) card per Household



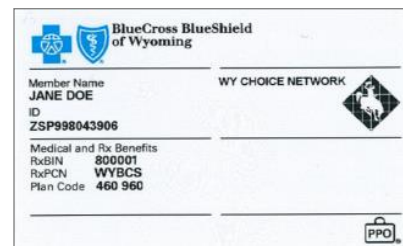
Blue Cross Blue Shield of Wyoming

Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse
- 12 visits = up to \$20 reimbursement

(Available in Wyoming)

One (1) card per Household



Fargo Public Schools

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
- 12 visits = up to \$20 reimbursement

(Available in greater MN and the North Dakota area)

One (1) badge per Employee



Regency Managed Properties

Program Requirements:

- Up to 2 people per household
- 18 years of age or older; children/students must be under the age of 26
- 6 visits = up to \$20 reimbursement

(Available in IL,IA, KS,MN,MT,NE,NM,ND,SD,WY)

Employees will use Wellmark of SD Card as an identifier



Sanford Health Plan

Program Requirements:

- Up to 2 people per household
- Subscriber and subscriber's spouse
- 12 visits = up to \$20 reimbursement

(Available Nationwide)

One (1) card
per Household

Underwritten by:
SANFORD HEALTH PLAN

Insured:
Z100000101 JOHN C DOE
Z100000102 JANE M DOE
Z100000103 JOHNNY C DOE
Z100000104 JANIE M DOE

Grp: NP20140001
RxBIN: 003858
RxCN: A4
RxGrp: NDPA

COPIED BY:
[Signature]

Copays: \$25 PPO, \$30 Basic, \$50 ER

Members: For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so. This card is for identification purposes only. It does not constitute proof of eligibility.

20190901

Sioux Falls School District

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

(Available in the Greater Sioux Falls Area)

One (1) card
per Member

BlueCross BlueShield BlueSelect

Employee Name
ESK425AD212

Group No. 81395 OFFICE COPY \$20
RxBIN 005947
RxGrp WELLRX
Plan Code 141

PPO

South Country Health Alliance

Program Requirements:

- Members must be 18 years of age or older
- No limit per household*
- Be Fit** ~ 8 visits = up to \$20 reimbursement
- Be Active** ~ no minimum required to receive an up to \$20 reimbursement per month

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

(Available in Minnesota)

One (1) card per Employee

SOUTH COUNTRY HEALTH ALLIANCE

Name: SAMPLE, JOSEPH Q
ID: XXXXX123401
DOB: 02/10/1961
PM: XXXX1234
PCP: MYCLINIC
PCP Phone: (555)555-5555
Medical Act #: MYACCOUNT
Service Type: MEDICAL/RX
Care Type: SCHA MA
Medicaid PCN: 06180000
Medicaid Bin: 600428

DOB: 02/10/1961
Effective Date: 01/01/14
Date Issued: 01/01/14
Issuer: 80840

Office Visit Copay: Preventive \$0.00 Non-Preventive \$3.00
Non-Emergency ER Copay: \$3.50; Employees: \$0.00

SOUTH COUNTRY HEALTH ALLIANCE

SeniorCare Complete (HMO SNP) H2419001

Name: SAMPLE, JOSEPH Q
DOB: 02/10/1961
Effective Date: 01/01/14
Date Issued: 01/01/14
Issuer: 80840
Medical Act #: MYACCOUNT
Service Type: MEDICARE
Care Type: SCHA SINCARE
Medicare PCN: 06190000
Medicare Bin: 012353
Medicaid PCN: 06180000
Medicaid Bin: 600428

Office Visit Copay: Preventive \$0.00 Non-Preventive \$0.00
Non-Emergency ER Copay: \$0.00; Employees: \$0.00

SOUTH COUNTRY HEALTH ALLIANCE

MNCare

Name: SAMPLE, JOSEPH Q
DOB: 02/10/1961
Effective Date: 01/01/14
Date Issued: 01/01/14
Issuer: 80840
Medical Act #: MYACCOUNT
Service Type: MEDICAL/RX
Care Type: SCHA MA
Medicaid PCN: 06180000
Medicaid Bin: 600428

Office Visit Copay: \$0 Non-Emergency ER \$0
PCN SCHA MA RX BIN 610055

UCare

Program Requirements:

Senior Members:

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

UCare Choices:

- 12 visits = up to \$20 reimbursement

(Available in Minnesota)

One (1) card per
Member

UCarechoices UCare

Issuer: 80840
ID: 123456789000
Name: JOHN Q DOE
DOB: mm/dd/yyyy
RxBIN: 003858 RxPCN: A4 RxGrp: LANA
Care Type: UCare Choices Bronze
SVC Type: Medical

UCare Choices Network
Coverage Year 2014

Issued 10/15/2013

UCare ucare.org

Issuer: 80840
ID: 01234567899
Name: JOHN Q DOE
DOB: mm/dd/yyyy
RxBIN: 003858 Rx PCN: MD Rx Grp: MNUA
Svc Type: Medical/Dental
Group Number: xxxxxxxx
Care Type: UCare for Seniors Classic
H2419001
Coverage Year 2015

MedicareRx
Prescription Drug Coverage



Preferred One Fitness Advantage

Program Requirements:

- Up to 2 people per household
- Must be 18 years or older
- 12 visits per calendar month = up to \$20 reimbursement
- Some programs may vary, ask your employer for details

(Available Nationwide per sponsor)

One (1) card
per Member

PreferredOne ADMINISTRATIVE SERVICES		
PreferredOne Advantage Plan		
NAME:	ID:	Cost Level
Firstname L Lastname	80183753800	2
Firstname Lastname	80183753801	2
Firstname D Lastname	80183753804	2
Firstname Lastname	80183753805	2
Firstname M Lastname	80183753806	2

HealthPartners

Program Requirements:

- *These are HealthPartners general Frequent Fitness program requirements. Program requirements may vary by employer*
- Up to 2 people per household
- Must be 18 years or older
- 12 visits monthly= up to \$20 reimbursement
- Eligibility can be verified upon member enrollment at NIHCArewards.org

(Available Nationwide per sponsor)

One (1) card
per Member

HealthPartners			
ID	55555555	Group 00001	Renewal Mo. January
Name	JANE K DOE		
Care Type	HealthPartners NationalOne Premier		
Office		Urgent Care	\$##.00
Convenience Care		Urgent Care	\$##.00
RxBIN 003585 RxPCN 24002		Convenience Care	\$##.00
healthpartners.com			

Medica (requires approval)

Program Requirements:

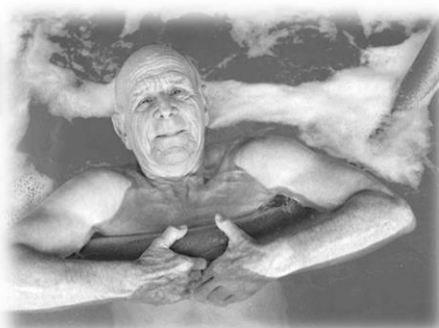
- Up to 2 people per household
- Must be 18 years or older
- Each member must meet 8 or 12 visits per calendar month requirement
- Only one credit, up to \$20, awarded to each club membership contract, regardless of the number of people on the Medica policy.
- Facility participation pending upon approval by Medica*

(Available Nationwide per sponsor)

One (1) card
per Member

Member ID	Group or Policy Number
999999999	999999

MEDICA
 JOHN DOE
 Dependents:
 JANE R DOE
 DAUGHTER R DOE
 SON T DOE
 BABY1 U DOE
 BABY2 V DOE
 Care Type: Medical Choice
 SVC Type: Medical
 OVSPEC/RETAL/URGER
 XXXX/XXXX/XXXX/XXXX/XXXX



For Any Questions Call NIHCA
(320) 722-0084

FACILITY RESPONSIBILITIES

- Inform your members that you are now offering the fitness incentive programs.
- All members may enroll online through NIHCArewards .org or the facility may hand out an enrollment form to eligible members.
- Enter the member's enrollment information online in NIHCArewards.org from the NIHCA website:
 - Once a month (between the 1st and 8th of the month) login to NIHCA Rewards.org to submit the actual number of workouts for your member(s). Please be sure to submit ON TIME.
 - An electronic confirmation or reimbursement report will be available for your review on or about the 25th of the month. You can access this report in NIHCArewards.org.
- The reimbursement will be paid the end of each month directly from NIHCArewards.org to your member's designated bank account.
- If a member cancels their membership, you must cancel them out of NIHCA rewards.org right away.
- Please keep your most current email updated on file with NIHCA. Communication is essential.

Collect ➡ Track ➡ Submit by the 8th ➡ Read Report ➡ Repeat

***Please Note: If you are an owner/manager of multiple locations, each location must be a member of NIHCA.*

MEMBER RESPONSIBILITIES

- It is the member's responsibility to enroll and complete the online process at NIHCArewards.org
- The member must promptly edit any changes to their insurance benefit at NIHCArewards.org and update any information that is pertinent to their member profile.
- The member must work out within the walls of the fitness facility and/or within the facility's supervised programming.
- It is the member's responsibility to ensure that the work out is recorded at the time of check-in to the facility.
- The member will have a period of time between the completed month and the applied reimbursement/incentive.
- The reimbursement/incentive cannot exceed what the member pays the facility for their membership. (I.E. If a member does not pay anything for their membership dues, then the member cannot be eligible to participate).
- If the member cancels their membership from the facility, this will result in forfeiture of any unapplied reimbursement/incentives. All applied reimbursements/incentives will be disbursed to the out-going member.
- If the member is denied reimbursements/incentives due to ineligible, have them contact "Member Services" on the back of their insurance card.

Enroll ➡ Workout ➡ Get Healthy ➡ Get Rewarded

MEMBER ENROLLMENT

Two ways to enroll members:

- Online Enrollment - All members should enroll themselves online.
 - The member may go to: NIHCArewards.org. The member will need their Fitness Center Member ID along with their insurance card when enrolling for the program.
 - Online enrollment is the preferred.
- Paper Enrollment - Fitness Centers can be provided with a paper enrollment form that members can fill out; the facility is then required to enter the information into the processor's secure portal for the member.
 - Enrollment Forms are found online at NIHCArewards.org.
 - Make a copy of the insurance card of the eligible member that is enrolling into the fitness incentive program and attach it with the enrollment into your member's file. Please save this in a safe and secure place. This information is primarily for your records only.

TRACKING YOUR MEMBERS

- Your facility is responsible to submit a monthly usage file to NIHCArewards.org by the 8th of each month.
- Your facility needs to submit the accurate number of work outs each month for each eligible member; your members are only allowed to count one workout per day.
- If you find that you have members abusing the fitness incentive programs, please contact NIHCA, so that we can advise you on how to handle this situation.

REIMBURSEMENT REPORT

- Your "Reimbursement History Report" is accessible from the [NIHCArewards](http://NIHCArewards.org) portal under the "Reports" tab.
- You may generate a reimbursement report that is specific by insurance provider, date(s), and member information
- The Reimbursement Report will tell you who got reimbursed and how much along with telling you who did not get reimbursed and why.
- If there are any errors on the Reimbursement Report, you will need to review the information in the [NIHCArewards](http://NIHCArewards.org) system to make sure all the data that was entered is correct; call NIHCA for questions.
- You may need to "re-submit" data to make-up or correct any errors that might have occurred. You can do this at any point in the month.

NIHCA ADVANTAGE

- Offer exclusive fitness reimbursement and incentive programs
- Exposure on NIHCArewards.org and exposure on our partner's websites
- Free postings for job openings & equipment for sale • Online member enrollment
- Preferred Vendor pricing discounts • Regional Conferences
- Continuing Education Credits (when available) • FREE monthly webinars (*Valued over \$1,200*)
- Promotional materials • Program training • World Class Customer Service

KEYS TO SUCCESS

- Plug yourself into the benefits of NIHCA. • Do your part, submit on time and check reports.
- If something is not working, please call us. Let us try to help.

Follow-up ➡ Courtesy calls ➡ Systematic Approach ➡ Get Engaged ➡ Repeat