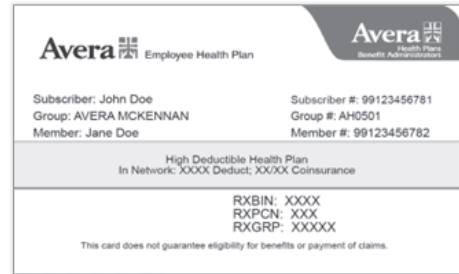


**Avera Health**

(Available Nationwide)

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

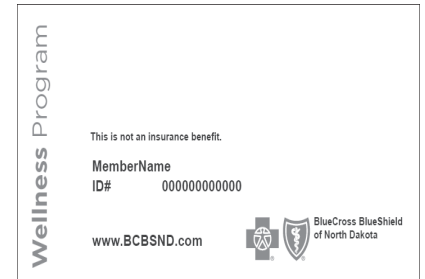
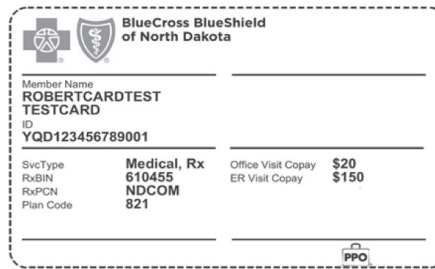


**Blue Cross Blue Shield of North Dakota**

(Available Nationwide)

Program Requirements:

- 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



**Fargo Public Schools**

(Available in greater MN and the ND area)

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 #



**Fleet Farm**

(Available in select cities Nationwide)

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



# Fitness Incentive Program Details

## HealthPartners ( Available Nationwide per sponsor )

Program Requirements:

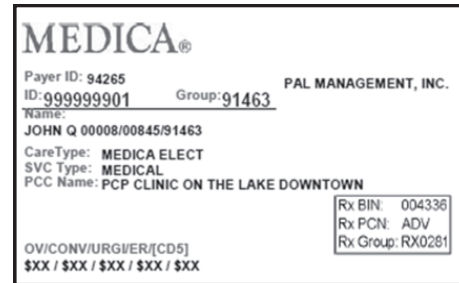
- Up to 2 people per household; Must be 18 years or older
- **12** visits = up to \$20 reimbursement
- One (1) card per member



## Medica ~ requires approval ( Available Nationwide per sponsor )

Program Requirements:

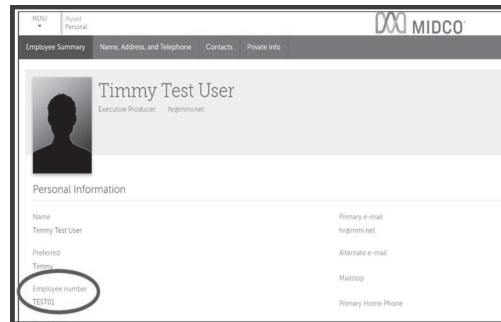
- Each member must work out **8 or 12** visits/month, depending on their insurance policy; Members must be 18 years or older.
- Medica provides up to a \$20 credit with a maximum of 2 credits per month per family towards health club membership monthly dues.
- One (1) card per member



## Midco ( Cable/TV Company in select cities Nationwide )

Program Requirements:

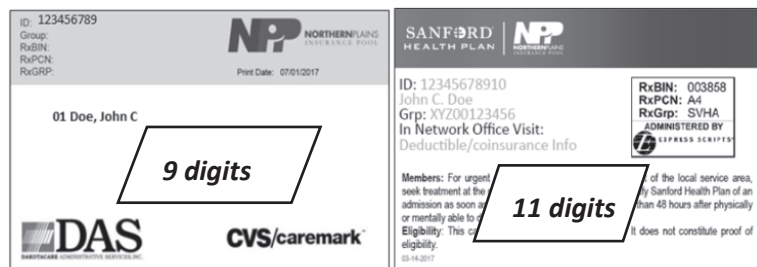
- Employee + spouse; Spouse adds an "S" at the end of the Employee Id #
- **8** visits = up to \$20 reimbursement
- Employee ID is located on internal system; no physical card



## Northern Plains Insurance Pool ( 38 School Districts in South Dakota )

Program Requirements:

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



# Fitness Incentive Program Details

## PreferredOne

(Available Nationwide per sponsor)

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

PreferredOne ADMINISTRATIVE SERVICES		PreferredOne Advantage Plan	
		Account:	PKA20074
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	

## PrimeWest

(Medicaid available in Minnesota)

Program Requirements:

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

**PrimeWest HEALTH** Minnesota Health Care Programs  
 3905 Dakota St  
 Alexandria, MN 56308  
 www.primewest.org

Member:  
 ID #: \_\_\_\_\_  
 Issuer: (80840)  
 Care Type:  
 Med Grp:  
 Svc Type: Medical/Dental/Rx  
 RxGrp: PRW01  
 RxBIN: 015574 RxPCN: PWPR0D1

Card issued: \_\_\_\_\_

MedicareRx  
 Prescription Drug Coverage  
 CMS H2416 001  
**MedImpact**

## Sanford Health Plan

(Available Nationwide)

Program Requirements:

- 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

**Sanford PLUS Broad Network** **SANFORD HEALTH PLAN**

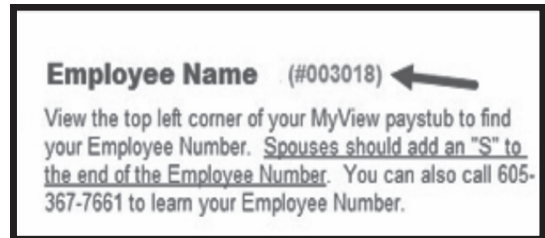
<b>Subscriber</b> ID: 123456789 <b>JOHN SAMPLE</b> Grp: 0007280002	<b>Medical</b> In Network Office Visit: \$30 PCP/\$30 Specialist Provider Directory: sanfordhealthplan.com <small>The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.</small>
<b>Pharmacy</b> RxBIN: 610011 OPTUMRX PCN: IRX RxGrp: SHNCOMMER Pharmacist use only: 1-866-833-3463	<b>PHCS MultiPlan</b>

**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



**South Country Health Alliance**

(Available in Minnesota)

Program Requirements:

No limit of participants per household\*

**SeniorCare Complete & AbilityCare:**

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

**MSC+, SharedCare & SingleCare:**

- **4 visits** = up to \$20 reimbursement



\*There is no limit per household, as long as each participant is eligible and enrolled during the respective month and has a paid gym membership.

**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), UCare MinnesotaCare, and UCare MA:**

- **12 visits** = up to \$20 reimbursement



**National Independent Health Club Association**

Info@nihca.org ~ www.nihca.org

320.722.0084 (Phone) ~ 320.722.0095 (fax)