



Stay Healthy Benefit



Recognizing the fact that taking better care of yourself now ensures fewer problems in the years to come, MercyCare Health Plans (MCHP) offers the Stay Healthy Benefit program to our members. This program gives our members the opportunity to be reimbursed in qualified expenses resulting from the participation in a fitness and/or wellness program. Examples of qualified expenses include: **adult physical fitness, wellness and lifestyle programs such as Lamaze, smoking cessation or weight loss, and health club memberships.** Behavior modification classes are also qualified expenses.

Additional programs are considered. However, the program must contribute directly to the member's physical health. Members 18 and older are eligible for the Stay Healthy Benefit.

This form must be completed and submitted to MCHP, along with a receipt of payment, cancelled check or bank draft, showing the amounts charged and the amount(s) paid. If bank drafts are used, please submit the number of drafts necessary to equal the reimbursement level total. Program applications, contracts or brochures are not acceptable proof payment for this benefit. Please ensure this form is completed in its entirety to ensure prompt processing and reimbursement of the claim.

Please call **MercyCare's Customer Service Department** at **(800) 895-2421** if you have any questions regarding this form or the Stay Healthy Benefit program.

Member name: _____

Home phone: _____

Group ID#: _____

Member ID#: _____

Program name/title: _____

Program/class participation dates: _____

Return completed form to:
MercyCare Health Plans
PO Box 550
Janesville, WI 53547-0550

Phone: (608) 752-3431
Fax: (608) 752-3751
E-mail: mcare@mhsjvl.org

