

# Dartmouth College / Cigna Wellness Benefit FAQ

## If you're on a Cigna health plan, we've got a healthy incentive for you!

As a customer of the Cigna medical plan, you are eligible for a reimbursement of up to **\$200 per calendar year (combined family\* maximum)** as part of the Wellness Benefit. You can use this on qualified health promoting activities and devices that help support you in areas such as physical activity, weight management, stress management and tobacco cessation. \*Family = adult member age 18+



## What Kinds of Activities and Devices Qualify for the Wellness Benefit?

### 1. Fitness Activities

*You must attest to participating in the activity you are submitting for at least 2 times per week for 10 out of 20 weeks.*

#### Fitness Categories:

- Fitness Facility (includes full-service facilities with cardiovascular and strength training equipment, Yoga studios, Pilates studios, pool, or tennis only facilities)
- Personal Training (with a qualified trainer)
- Sports Club Fees (e.g. running club, rowing club, basketball league)
- Alpine Ski Lift Tickets/Season Pass
- Cross Country Ski Tickets/Season Pass
- Golf Greens Fees/Membership (must walk the course)

### 2. Exercise Classes

*This category is for exercise classes that are paid for separately from a gym membership. For classes that have a fixed start and end date (minimum of 4-weeks long), you must attest to attending at least 75% of the classes. For on-going classes, you must attest to attending 10 classes within a 20 week period.*

- Exercise Classes (e.g. FLIP, yoga drop-in classes)

### 3. Health-Promoting Activity Devices

*You must attest to participating in fitness activities for at least 2 times per week for 10 out of 20 weeks while using your device. Limit of one device per covered adult family member per calendar year.*

#### Device Categories:

- Pedometers
- Accelerometers (e.g. Fitbit, Jawbone)
- Heart Rate Monitors
- Sports Watches (must track speed, distance, and/or heart rate)

### 4. Workshops

*For workshops that have a fixed start and end date, you must attest to attending at least 75% of the classes. For ongoing classes, you must attest to attending at least 10 classes within a 20 week period.*

#### Workshop Categories:

##### Weight Management

- Multi-week weight management workshops

##### Weight Watchers

- Weight Watchers Meetings (At Work or Community Meetings only)

##### Tobacco Cessation

- Multi-week tobacco cessation workshops

##### Stress Management

- Multi-week stress management workshops (e.g. anxiety, mindfulness)

##### General Health Education

- Multi-week health education workshops (e.g. diabetes management)

### 5. Race Fees

*You must attest to participating in fitness activities for at least 2 times per week for 10 out of 20 weeks as part of your training program. Your race must be completed within the same calendar year you are submitting for.*

#### Race Categories:

- Walking/Running
- Biking, Swimming, Rowing
- Skiing
- Multi-component (e.g. Triathlon, obstacle course)

## What do I need to do before submitting for the Wellness Benefit?

1. Pay for your activity/device and keep your receipt.
2. Attest to having **participated in fitness activities at least 2 times per week for 10 out of 20 weeks for the Facilities, Devices and Race Fee categories; or attended at least 75% of the sessions/classes, or at least 10 sessions/classes within a 20-week period for the Exercise Class and Workshop categories.**
3. You must reach the specific participation criteria for each receipt you are submitting for (although we encourage engaging in a variety of activities, for the purpose of this benefit administration combining activities is not permitted).
4. You may submit multiple times per year (up to \$200 combined family maximum).
5. Although it is recommended to complete all activities within the same calendar year, some activities may overlap years. If your tracking overlaps years, you must be a Cigna customer in both years you are logging activity in.
6. You must submit your Benefit Form (pages 1 & 2) and receipt(s) no later than March 31, 2016.

#### Have questions?

Contact the Wellness at Dartmouth Office at 603.646.3706 or [wellness@dartmouth.edu](mailto:wellness@dartmouth.edu).

# Dartmouth College / Cigna Wellness Benefit Form (Page 1)

Please complete Section 1 completely. Please complete the applicable part(s) of Section 2 by checking off the appropriate category (highlighted in green) and sub-category that your receipt(s) apply to. If your sub-category is not listed, please mark "Other" and provide a description in the line provided.

## SECTION 1: PLEASE PRINT ALL INFORMATION CLEARLY

CIGNA ID Number	Last Name	First Name	Middle Initial
Address - Number & Street		City	State
Zip Code			
Employer's Name <b>Dartmouth College</b>		Employee's Dart ID:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY):	

## SECTION 2: PLEASE CHECK OFF THE CATEGORY & SUB-CATEGORY

<input type="checkbox"/> <b>Fitness Facility</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> Alumni Gym/Zimmerman Fitness Center | <input type="checkbox"/> CCBA   | <input type="checkbox"/> River Valley Club |
| <input type="checkbox"/> Upper Valley Aquatic Center         | <input type="checkbox"/> Curves |  |
| <input type="checkbox"/> Other: _____                        |                                 |  |

<input type="checkbox"/> <b>Exercise Classes</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> FLIP | <input type="checkbox"/> Other: _____ |
|-------------------------------|---------------------------------------|

<input type="checkbox"/> <b>Activity Devices</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Fitbit      | <input type="checkbox"/> Heart Rate Monitor | <input type="checkbox"/> Pedometer |
| <input type="checkbox"/> Sport Watch | <input type="checkbox"/> Other: _____       |                                    |

<input type="checkbox"/> <b>Workshops</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Weight Watchers Meetings | <input type="checkbox"/> Weight Management        | <input type="checkbox"/> Tobacco Cessation |
| <input type="checkbox"/> Stress Management        | <input type="checkbox"/> General Health Education |  |
| <input type="checkbox"/> Other: _____             |   |  |

<input type="checkbox"/> <b>Race Fees</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Walking/Running | <input type="checkbox"/> Other: _____ |
|--|---------------------------------------|

<input type="checkbox"/> <b>Other Fitness Activities</b>	<b>Date of purchase:</b> _____	<b>Amount Paid: \$</b> _____
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- |  |   |
|--|---|
| <input type="checkbox"/> Personal Trainer                    | <input type="checkbox"/> Sport Club Fees (i.e. running club, basketball league, etc.) |
| <input type="checkbox"/> Alpine Ski Lift Tickets/Season Pass | <input type="checkbox"/> Cross Country Ski Tickets/Season Pass                        |
| <input type="checkbox"/> Other: _____                        |   |

# Dartmouth College / Cigna Wellness Benefit Form (Page 2)

Please complete this page completely, including signing and dating below.

**TOTAL NUMBER OF RECEIPTS ATTACHED:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT:** \$\_\_\_\_\_

## ATTESTATION OF ACTIVITY AND CERTIFICATION AND AUTHORIZATION

- I attest to meeting the required participation for each of the receipt(s) I am submitting reimbursement for. This includes participating in fitness activities at least 2 times per week for 10 out of 20 weeks for the Facilities, Devices and Race Fee categories; or attending at least 75% of the sessions/classes, or at least 10 sessions/classes within a 20-week period for the Exercise Class and Workshop categories. *You must reach the specific participation criteria for each receipt submitted (although we encourage engaging in a variety of activities, for the purpose of this benefit administration combining activities is not permitted).*
- I authorize the release of any information verifying purchases, payments, or completion of an activity to Cigna regarding the activities and/or devices I seek reimbursement for.
- I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

**CIGNA CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Please check off the appropriate box. I am a(n):

- ☐ Employee
- ☐ Spouse
- ☐ Dependent over the age of 18
- ☐ Retiree

- Please mail this completed Wellness Benefit Form (including pages 1 & 2) and receipt(s) to the below address by March 31<sup>st</sup>, 2016. We recommend you keep copies for your files. If services are denied, a denial letter will be sent to the customer's home address, but your forms, receipts and any additional attachments will not be returned to you.**
- You may submit multiple times throughout the year until you reach the \$200 per calendar year (combined family) maximum.**
- Please allow approximately six weeks for processing.**
- All Wellness Benefit payments will be sent via check to the Cigna customer's address on file.**

**CIGNA**  
**Health Reimbursements**  
**2 College Park Drive**  
**Hooksett, NH 03106**

### **Please Note:**

This is a taxable benefit. To minimize the impact, Dartmouth College will contribute a set percentage to offset your required tax withholding.

