

Fitness Incentive Program Details

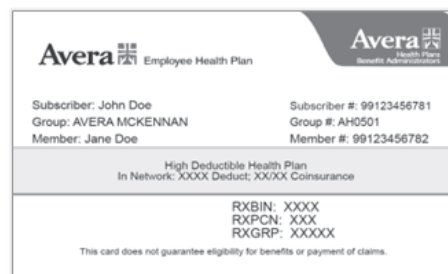
Updated 1/1/2023

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

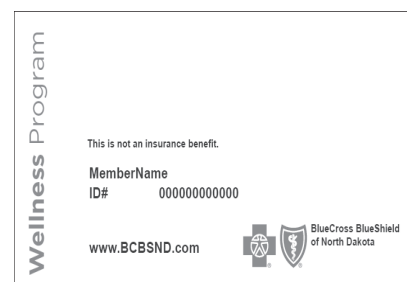
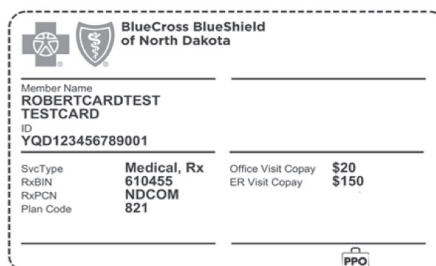


Blue Cross Blue Shield of North Dakota

(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

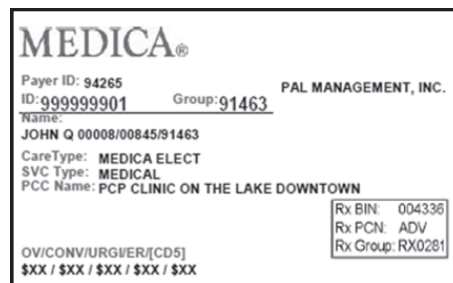


Medica

(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

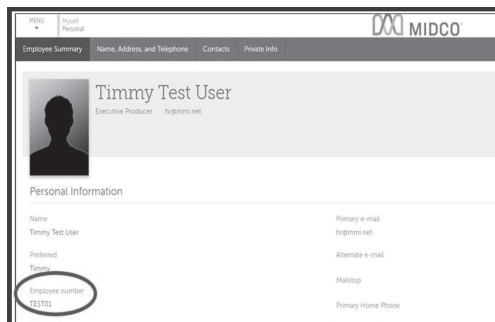


Midco

(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

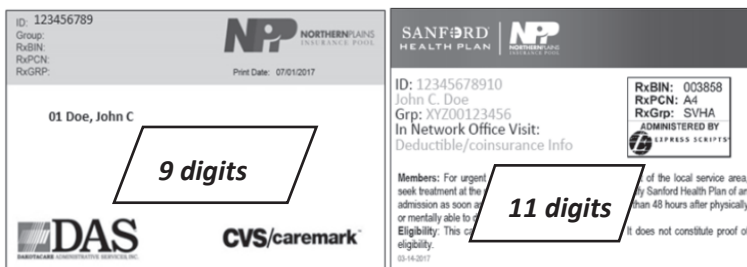


Northern Plains Insurance Pool

(52 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

(Discontinuing in 2023)

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	
NAME:	ID:	Account:	Cost Level
Firstname L Lastname	80183753800	PKA20074	2
Firstname Lastname	80183753801		2
Firstname D Lastname	80183753804		2
Firstname Lastname	80183753805		2
Firstname M Lastname	80183753806		2

Prime Health

(Available in Minnesota)

Program Requirements:

- 2 Eligible people per household
- Member and/or 2nd dependent adult (18 years of age of older)
- **12 visits** = up to \$20 reimbursement
- One (1) card per household

UMR A UnitedHealthcare Company		Prime Health	
Issuer (80840) 911-39026-02			
Member ID: 12345685		Group Number: 76-123456	
Member: JAMES A SAMPLE 00 MED		 Rx BIN: 610127 Rx PCN: 01960000 Rx GRP: 0196XXXX	
Dependents: JOANNE SAMPLE 01 MED			
JOHN SAMPLE 02 MED			
JOSEPH SAMPLE 03 MED			
CO-PAYS MAY APPLY		 Choice Plus Network Self-funded plan administered by UMR	

PrimeWest

(Medicaid available in Minnesota)

Program Requirements:

- Senior Subscriber, 65 and older, is eligible
- Eligible programs; Senior Medicaid, MSHO, and Prime Health Comp
- **0 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: PWPR01		 Prescription Drug Coverage CMS H2416 001 	
Card issued:			

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	
Subscriber ID: 123456789 JOHN SAMPLE Grp: 0007280002		Medical 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>	
Pharmacy RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER Pharmacist use only: 1-866-833-3463		 	

Fitness Incentive Program Details

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

Employee Name (#003018) ←

View the top left corner of your MyView paystub to find your Employee Number. Spouses should add an "S" to the end of the Employee Number. You can also call 605-367-7661 to learn your Employee Number.

South Country Health Alliance

(Available in Minnesota)

Program Requirements:

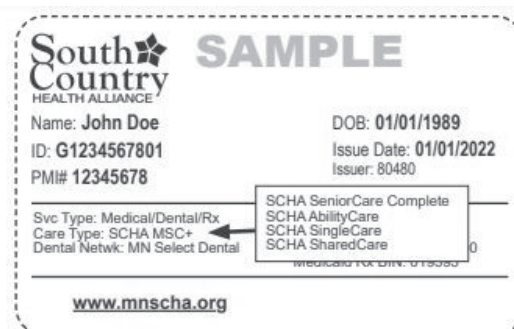
No limit of participants per household*

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:

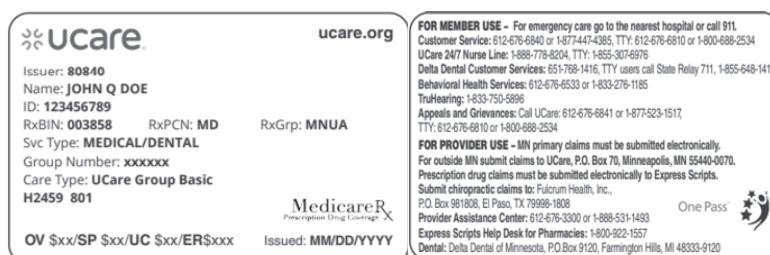
- One (1) card per member

Medicare Members:

- No Minimum visits = up to \$30 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)