

Effective for any sessions beginning after January 1, 2017

Criteria for Medical Plan Reimbursement: Ebenezer medical plans

Completion Criteria	Must complete 80% of course work or specific program criteria as outlined by instructors to qualify for reimbursement.
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Level of Coverage	Contact the Employee Service Center (612-672-5050) or request a summary plan description (SPD) for coverage level. Members may also view the SPD at http://www.preferredone.com/fairview .
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Health Resources	Services Covered
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Weight Management	<p>Weight Watchers:</p> <ul style="list-style-type: none"> <i>Meetings (including WW4Diabetes):</i> must attend 80% of sessions within time period being reimbursed for, based on once per week (eg. attend 10 of 12 weeks) <i>Essentials (online):</i> must print weight, activity, or points tracker to show you have logged on and tracked your progress at least once per week, 80% of the time (eg. 10 out of 12 weeks)
<p>Reimbursed at 100%</p> <ul style="list-style-type: none"> Limited to \$500 per covered person per calendar year, not including food or food supplements 	

This form is used for reimbursement of eligible Health Resources programs listed on the *Criteria for Medical Plan Reimbursement*. This form is considered a health insurance claim form for the Ebenezer Health Plan, Health Resources benefit and must be filled out completely in order to process your reimbursement.

- Submit this receipt, along with proof of class payment, to PreferredOne.
- Instructor signature is required to indicate 80% attendance.
- You must include proof of payment (credit card receipt, bank statement, cancelled check, etc.) or your reimbursement may be delayed or denied.**

Class attended	Dates attended	# of Sessions attended	Amount paid
Weight Watchers Monthly Pass	(_ / _ / ____) to (_ / _ / ____)	_____ of _____	
Weight Watchers Online (include copy of points/weight tracker; instructor signature not required)	(_ / _ / ____) to (_ / _ / ____)	_____ of _____	

Name _____ PreferredOne Member ID# _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____

I certify that the member has completed the minimum requirements of the program as indicated by the criteria for reimbursement.

Instructor's signature (required) _____

Date _____

**Submit completed Ebenezer reimbursement form and copy of class payment to:
Preferred One Administrative Services, 6105 Golden Hills Drive, Golden Valley, MN, 55416,
Attn: Account Management/Ebenezer**