

## How to Submit an Electronic Wellness Reimbursement

To submit your wellness reimbursement electronically, log on to CHPConnect (<https://chp.healthtrioconnect.com/app/index.page>).

From the home page, click on the *Click here to submit your Wellness Reimbursement electronically* box on the right side of the page:

Home | Log Out

Logged In: [Redacted]

0 New

My Health

Name: [Redacted] DOB: [Redacted] PCP: [Redacted]

Telehealth: What Options Are Available

Click here to submit your Wellness Reimbursement electronically

How do I update my email address?

The Wellness Program Reimbursement Form will be displayed.

1. **Member Information:** Your member information (name, ID #, and DOB) will be pre-populated.

### Wellness Program Reimbursement Form

Subscribers are eligible for reimbursement once per calendar year. You must be a Capital Health Plan member and a current member of an approved health and fitness program in the calendar year. Reimbursements for the previous year cannot be processed beyond December 31 of the current year. *Beginning January 1, 2017, Federal employees, Federal Annuitants and their dependents are not eligible for this benefit.*

Capital Health Plan will reimburse only for the amount reflected on those receipts/statements up to \$150 per family per CHP contract. For Medicare members, Capital Health Plan will reimburse only for the amount reflected on those receipts/statements up to \$150 per member.

Dated receipts or copies of bank/credit statements showing the charge for membership or classes are required to be uploaded with this form. These should reflect the dollar amount you are requesting. CHP will reimburse only for the amount reflected on those receipts/statements up to \$150 per family per CHP contract (or member, if Medicare). A brochure from the health club or facility may be requested in some instances.

Keep copies of all documentation before submitting your Wellness Program Reimbursement form.

1. **Member Information**

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
ID #	DOB	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If approved, your reimbursement will be sent to the subscriber, which is the health plan policyholder.

## How to Submit an Electronic Wellness Reimbursement

2. *Health/Fitness Center Information:* Fill out the Name/Address/Type of facility or activity, Calendar Year, and the Amount Requested.

### 2. Health/Fitness Center Information

Name/Address/Type of facility or activity \*

Calendar Year \*\*

Amount Requested \*\*\*

\$

3. *Attach Documentation:* Select *Add Attachment* to upload your receipt(s). Please ensure that the facility, payment date(s) and amount paid are clearly shown on the receipt(s).

### 3. Attach Documentation

Add Attachment

4. *Certification and Authorization:* The subscriber's address (where the reimbursement check will be mailed) will be listed. If this address is not correct, the address will have to be updated **prior** to submitting the reimbursement request.

If the address is not correct:

**State of Florida:** Please make any necessary changes to your address on the People First employee portal (<https://peoplefirst.myflorida.com/peoplefirst>).

**Individual Marketplace:** Please change your address at [Healthcare.gov](https://www.healthcare.gov).

**Medicare Advantage:** Please contact CHP Member Services at (850) 383-3311 to get your address updated before submitting your reimbursement request.

**All other groups:** Please work with your group administrator to get your address updated before submitting your reimbursement request.

If the address is correct, select *Submit* to submit the wellness reimbursement request for processing.

### 4. Certification and Authorization

Reimbursement subject to approval by Capital Health Plan. If approved, your reimbursement will be sent to the subscriber, which is the health plan policyholder.

The current address on file for the subscriber is:

If this is not correct, please have the address updated. Once corrected, please return to this page and submit your reimbursement request.

Please allow 30 days from receipt for reimbursements.

To the best of my knowledge and belief, my statements in the Health/Fitness Center Reimbursement Form are complete and true.

I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members. I certify that these expenses have not previously been reimbursed in this or any calendar year.

Submit

## How to Submit an Electronic Wellness Reimbursement

After submitting your reimbursement request, you will receive the following confirmation:

The screenshot shows the Capital Health Plan member portal. At the top right, there are links for "Home" and "Log Out". Below this, the Capital Health Plan logo is displayed, along with the text "An Independent Licensee of the Red Cross and Red World Association". To the right of the logo, it says "Logged In:" followed by a greyed-out name field. Below the logo, there is a notification button that says "0 New".

The main content area has a blue header with "My Health" on the left and "Name:", "DOB:", and "PCP:" followed by input fields on the right. A sidebar on the left lists navigation options: Health Calendar, Procedures, Medication Profile, My Plan For Health, Illnesses/Conditions, Visit Summary, and Wallet Card.

The main content area displays a green confirmation message: "Thank you for submitting a Wellness Program Reimbursement Form." Below this, it states: "Reimbursement subject to approval by Capital Health Plan. If approved, your reimbursement will be sent to the subscriber. The subscriber is the health plan policyholder. **Please allow 30 days from receipt for reimbursements.**"