

Wellness and Gym Reimbursement Plan

Established by Bronson Healthcare Group | Administered by Navia



Navia Benefit Solutions is proud to be the administrator of your Wellness and Gym plan. This reimbursement plan has been established by Bronson Healthcare Group to reimburse you for your wellness and gym related expenses.

Benefit Plan Details

Plan Year: January 1, 2023 – December 31, 2023

Benefit: All employees are eligible for wellness reimbursement. Enrollment in a Bronson medical plan determines the amount you are eligible for.

- If you are not enrolled in a Bronson medical plan, you are eligible for up to **\$250** wellness reimbursement per calendar year. Gym membership may be reimbursed up to \$25 per month – for employees only - and is included in the total maximum of \$250.
- If you are enrolled in a Bronson medical plan, you are eligible for up to **\$500** reimbursement per calendar year.
 - If your spouse is enrolled in your Bronson medical plan, your spouse is eligible for up to \$500 reimbursement per calendar year
 - If your child or children is/are enrolled in your Bronson medical plan, the child (or children collectively) are eligible for up to \$500 reimbursement per calendar year.
 - Gym membership may be reimbursed up to \$25 per month (or \$300 per year) and is included in the total maximum of \$500

The Wellness benefit will reimburse 90% of your eligible expenses, up to the plan maximum as listed above. Please note that reimbursements will be considered taxable income per the IRS and appear on your paystips as "TFB" *taxable fringe income*.

Eligible Expenses: You may submit claims for eligible expenses that incurred while you have been a participant in this plan.

2023 Eligible Expenses

Gym Membership

- Includes virtual memberships (Strava, Peloton, CorePower, Fit Body, etc) **name of the gym or virtual company must be on the receipt*

Physical Wellbeing

- Bronson Athletic Club (BAC) Initiation fee
- Bronson Health Scan package
- Bronson Sports Medicine Performance Training
- Annual or seasonal passes (ski, snowboard, golf, swimming, etc.)
- Athletic equipment and accessories (athletic shoes, exercise machines, resistance bands, fitness ball, weights, etc) *-excludes clothing*
- Disease Management programs
- Fitness classes (yoga, cardio drumming, Pilates, spin, dance, etc.)
- Fitness mobile apps
- Fitness lessons (team sports lessons, swimming, dance, etc.)
- Massage Therapy
- Nutritionist services
- Nutritional supplements (federally legal, FDA-approved, non-steroidal items such as vitamins, minerals and protein powders or meal replacement bars)
- Personal training services
- Race or competition registration fees
- Tobacco Cessation Products **over the counter products reimbursed with receipt*
- Weight management program, including virtual (ex Weight Watchers, Noom mobile app, Atkins)
- Youth sport camps, sports clinics, or pay-to-play fees

Financial Wellbeing

- Home purchasing expenses (down payment, closing costs, etc.)
- Financial Advisor and planning services
- Financial seminars
- Student loan debt counseling
- Summer's Public Service Loan Forgiveness (PSLF) program
- College application fee

Emotional Wellbeing

- Annual or seasonal park pass
- Camping equipment or fees
- Hunting and Fishing Licenses
- Meditation Classes
- Mental Health out of pocket expenses (counseling, therapy, and other services not covered by insurance)
- Personal Development Classes (art, cooking, etc)
- Retreats (leadership, spiritual, etc.)

General Wellbeing

- Acupuncture
- Bronson Center for Women - Midlife Education
- Bronson Family - Centered Education Class
- Facial skin care treatment
- Fitness trackers or smart watches
- Grocery delivery membership or setup fee
- House cleaning services
- Pet Care (walkers, day care, grooming, pet training, etc.)

Claim Submission

Wellness and Gym Membership claims can be submitted in a number of ways. Please **CHOOSE ONE** method per submission:

1. **Mobile App:** The most efficient way to submit a claim is by using the **MyNavia Mobile App** for Android or iPhone.
 - i. Download the MyNavia Mobile App for Android or iPhone
 - ii. First time users: Register your account by entering the following:
 - Last Name, First Initial
 - E-mail Address
 - Employer Code: **BRO**
 - Last four digits of your employee ID number
 - Date of Birth
 - Choose a User Name
 - Answer three security questions

2. **Website:** You may also use the online **Participant Portal** on the Navia participant website to submit a claim.
 - i. Go to www.naviabenefits.com
 - ii. First time users click 'Register' and enter the following –
 - Last Name, First Initial
 - E-mail Address
 - Employer Code: **BRO**
 - Last four digits of your employee ID number
 - Date of Birth
 - Choose a User Name
 - Answer three security questions

3. **Paper Form:** A **paper claim form** can be submitted via email, fax or postal mail.
 - i. [Complete a Navia Claim Form found here](#)
 - ii. Include an itemized receipt
 - iii. List the total amount you are claiming

Please allow 3 full business days for your claim to be reviewed and processed once it has been received. If submitting the claim via the Portal or Mobile App, no claim forms are required.

Submission Deadline: You will have 120 days to submit claims after the end of the plan year. In the event that your employment is terminated, or you lose eligibility, you will have 120 days from your date of termination to submit claims for expenses incurred while you were covered under the plan.

Note: The debit card is only tied to funds in your FSA. Wellness or Gym Membership expenses will need to be submitted to Navia online via the Participant Portal, through the Mobile App, or by paper claim form. Navia will process your claim and send you a reimbursement (either by check or direct deposit). If you have elected direct deposit for the FSA plan, you will automatically have direct deposit for your wellness reimbursements. You can sign up for direct deposit via the Participant Portal. Direct deposits may take 1-2 days to post to your bank account.

Claim Form

(Instructions on next page)



Employee Information

Last Name, First Name		SSN / Employee ID #
Home Address (Street, City, State, Zip Code)	<input type="checkbox"/> Please update my address on file	Phone Number
Employer Name		Email Address

**Did you know you can submit paperless claims online or via the MyNavia mobile app?
Just take a picture and submit!**

Day Care FSA Expenses

Service Date(s)	Type of Service	Provider's Name, Tax ID and/or SSN	Services For Whom	Age	Net Cost
Total Reimbursement Request \$ _____					
Day Care Provider Certification: I certify that dependent care services were provided as indicated above.					
Provider/Facility Name: _____		Provider's Signature X _____			
Signer's Name (Printed): _____		Date: _____			

Health Care/Limited FSA/HRA Expenses

Service Date(s)	Type of Service	Provider's Name	Services For Whom	Net Cost
Total Reimbursement Request \$ _____				

Signature

To the best of my knowledge my statements on this claim form are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to my HRA, Health Care ("HCFA") or Day Care Flexible Spending Arrangement ("DCFA"), and that unless an expense for which payment or reimbursement is claimed is a proper expense under the HRA, HCFA or DCFA, I may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the HRA, HCFA or DCFA which relate to such expense. I further understand that no day care tax credit is permitted for amounts for which reimbursement is made. I am claiming health care reimbursement for eligible medical care expenses incurred by myself, spouse and/or dependents. Note: The IRS does not recognize Domestic Partners for purposes of receiving tax-favored health benefits. For further information please contact your employer. I certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance. By providing an email address, I consent to receive all possible communications from Navia Benefit Solutions, agents, and subcontractors regarding the Plan via email. I may withdraw consent at any time without charge by contacting Navia by phone, email, or mail. To update your email address contact Navia Benefit Solutions by phone, email, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my HRA, HCFA and/or DCFA to be reduced by the amount(s) shown above.

Participant's Signature X _____	Date _____
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