



# Wellness Incentive Program

This Stay Health Incentive (SHI) Program Benefit provides enhanced reimbursement incentives when you complete various activities to improve your general health and reduces your cost-sharing for certain covered services. Reimbursement: The Subscriber and his or her covered Dependents age 18 and over, MercyCare will reimburse up to \$50 per activity below, Max \$200 per subscriber, Max \$400 per family. Complete the information below for reimbursement (one form per member):

Member name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Choose all that apply:

- Completed a preventive service identified on our Wellness Incentive webpage  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Completed a health risk assessment (HRA) (please attach proof of completion)  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Completed annual visit with your primary care provider  
Date visit completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Completed a metabolic panel, complete blood count and hemoglobin A1C lab work  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Set up a mail-order prescription or set up a Med Sync plan with Mercyhealth Pharmacy  
Date set up completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Completed biometric screening (please attach proof of completion)  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Completed a smoking cessation or weight loss program (please attach proof of completion)  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_
- Other activities listed on our SHI webpage  
Date completed \_\_\_\_\_ reimbursement amount \_\_\_\_\_

**Member signature/date**

\_\_\_\_\_

**total amount**

\_\_\_\_\_

[mercycahealthplans.com/wellness-incentive-program](http://mercycahealthplans.com/wellness-incentive-program)

Customer service at (877) 908-6027

Return to MercyCare HMO, Inc.

Mail: PO Box 550 Janesville, WI 53547 Fax: (608) 741-5238 or [mcare@mhemail.org](mailto:mcare@mhemail.org)

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