



Health education reimbursement

PacificSource will reimburse eligible medical members up to a maximum of \$150 per member per plan year for health and wellness classes.



How it works

1. Check with your local hospital or organization to find a health or wellness class, and register directly with them.
2. Complete and return our Reimbursement Request Form (on reverse) with a copy of your receipt.
3. The reimbursement will be sent directly to you after completion of the course or series.

Note: You must be an eligible and enrolled PacificSource member at the time of class registration and when the class begins to qualify for class reimbursement.



Eligible classes may include:

- Any class offered by a hospital
- Health and wellness classes taught by a licensed or certified instructor
- In-person or online classes that promote health and well-being or enhance quality of life. Examples:
 - First aid/AED/CPR
 - Nutrition classes
 - Prenatal or parenting classes
 - An online course on a health-education or wellness topic, or that is a fitness activity
 - Condition management (diabetes, cancer, arthritis, asthma, and more)

Continued >

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.

En español 866-281-1464

[PacificSource.com](https://www.pacificsource.com)





Not eligible:

- Punch card for drop-in gym time
- Classes that require a gym, health club facility, or parks and recreation membership
- Gym or health-center membership fees
- Advance payment for a class
- Sports league fees, sports fees
- Entry fees, consultations, weight-loss plans
- Employer-required training courses
- Employer reimbursement
- Clinical appointments with a dietitian
- Instructor certifications
- One-on-one education classes
- Online fitness memberships



Questions?

Contact Customer Service at **888-977-9299**, or email CS@PacificSource.com.
Find information online at PacificSource.com.

Health education reimbursement request form

Please attach a copy of your class payment receipt. Mail this completed form to:

PacificSource
Attn: Claims Department
PO Box 7068
Springfield, OR 97475

Member information

Member name _____ PacificSource ID _____

Date of birth _____ Group Number _____

Home phone _____ Email _____

Mailing address _____

Class information

Organization name _____

Organization address _____

Class name _____

Class cost _____ Class start date _____ Class end date _____