



Mayfield City Schools

EVERY STUDENT. EVERY DAY.

Wellness Reimbursement Policy

PURPOSE

To establish consistent practices, guidelines and procedures associated with the monetary reimbursement of wellness-related activities, programs, and expenses for Mayfield City Schools employees.

SCOPE

Anyone who qualifies for the life insurance benefit through the district would be eligible for wellness resources under this policy. This policy supersedes any previously implemented wellness policy. Mayfield City Schools reserves the right to revise or revoke this policy at any time.

RESPONSIBILITY

The establishment, administration and equal and consistent application of this policy is the responsibility of the Program Administrator. All employees are responsible to adhere to the provisions and restrictions of this policy.

GENERAL STATEMENT

To encourage practices that promote health and well-being for our employees, Mayfield City Schools will reimburse costs associated with wellness pursuits as outlined below:

- Any regular, full-time employee is eligible for a wellness reimbursement up to \$90 per quarter for applicable activities/programs. This is a taxable benefit. Reimbursement is subject to approval by the Program Administrator, Oswald Companies, and is subject to medical carrier wellness reimbursement guidelines. A separate third-party administrator processes payments and mails or direct deposits directly to the employee.
- All approved reimbursements are submitted to the third party after the quarter deadline. Expect reimbursement within 4-6 weeks after the submission deadline.
- Questions about the wellness policy should be directed to:
wildcatbenefits@oswaldcompanies.com.

SUBMISSION PROCESS

- All requests for reimbursement, supported by receipts, must be submitted along with the [Wellness Reimbursement Form](#) to wildcatbenefits@oswaldcompanies.com by the 15th day in the month following the closed calendar quarter. For example, forms and receipts for the 1st quarter (January, February, March) are due by April 15th.
- Incomplete forms will not be accepted nor processed. Please ensure that your email includes dated, legible receipt(s) and a dated, signed, legible form. Please include all attachments in one email.

- Late forms will not be accepted. There are no retroactive reimbursements. Reimbursements for new hires will be pro-rated based on hire date. Approved reimbursements will be taxed accordingly.
- All submissions for each quarter are submitted as a group after the quarterly deadline date. Expect reimbursement within 4-6 weeks after the submission deadline.

Quarterly deadline dates:

1st quarter purchases – January, February, March – deadline to submit is April 15th

2nd quarter purchases – April, May, June – deadline to submit is July 15th

3rd quarter purchases – July, August, September – deadline to submit is October 15th

4th quarter purchases – October, November, December – deadline to submit is January 15th

- Receipts must be clear and legible, and include date of purchase, amount, and purchase description. If SKU numbers only are included, you will need to provide the matching SKU from the product label, or the receipt will be rejected.
- The date on the receipt must correspond with the quarter being submitted. Example, if submitting for the 1st quarter, then the dates on the receipts must reflect January 1st through March 31st.
- The [Wellness Reimbursement Form](#) must be filled out **completely** and **accurately** for each quarter submitted. Illegible or incomplete forms will be rejected.

ELIGIBLE EXPENSES

Holistic health sessions - i.e., massage, acupuncture

Reputable weight loss or weight management programs including Weight Watchers, NOOM, etc. (excludes food cost)

Nicotine Cessation Programs

Fitness class fees and gym memberships both in-person or online. **Annual membership receipts must be resubmitted each quarter and broken out over each quarter up to the quarterly \$90 limit. Example, If ABC's annual gym membership is \$340, then submit the annual membership receipt every quarter and receive \$90 reimbursement per quarter with the remaining reimbursement given in the 4th quarter. \$90 in 1st quarter, \$90 in 2nd quarter, \$90 in 3rd quarter, \$70 in 4th quarter (\$90+\$90+\$90+\$70=\$340)**

Fitness event registration fees

Fitness equipment and wearable devices including treadmills, weight sets, Pilates balls, cycling helmets, resistance bands, heart monitors, Fitbit, and other wearables, etc. (excluding apparel and shoes)

Visits with a registered dietitian, certified fitness trainer or certified health coach (credentials of the professional must be included on the receipt).

NON-ELIGIBLE EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

Any and all food and supplement costs even when associated with weight loss, meal delivery, detox or healthy eating programs.

Any and all types of apparel including socks, shoes, swimsuits, water bottles, containers and wearable apparatus equipment (i.e., Camelbak hydration packs, hiking backpacks, performance & athletic gear, etc.)

Services covered under the health benefit program are not reimbursable under the wellness policy.

Please note: approval for eligible expenses is based off of medical carrier reimbursement guidelines