



**HEALTH
MANAGEMENT
PROGRAM**

ENJOYLIFE REWARDS FOR PY 2026



**StayWell
INSURANCE**

PLEASE PRINT ALL INFORMATION CLEARLY

SUBSCRIBER INFORMATION			
SUBSCRIBER NAME (Last, First, Middle Initial)		SUBSCRIBER BIRTH DATE MM / DD / YYYY	STAYWELL ID #
MAILING ADDRESS		STATE	ZIP
SUBSCRIBER EMAIL ADDRESS		PHONE NUMBER	
EMPLOYER GROUP		PLAN EFFECTIVITY DATE MM / YYYY	

MEMBER (CLAIMANT) INFORMATION			
MEMBER NAME (Last, First, Middle Initial)		MEMBER BIRTH DATE MM / DD / YYYY	STAYWELL ID #
MEMBER EMAIL ADDRESS	PLAN EFFECTIVITY DATE MM / YYYY	PHONE NUMBER	

PLEASE PUT A ✓ MARK AND INDICATE DATES ON THE COMPLETED ACTIVITY YOU ARE CLAIMING.

COMPLETED DATE(S)	QUALIFYING ACTIVITY	REWARD AMOUNT	DO NOT WRITE IN SPACE BELOW. OFFICE USE ONLY
<input type="checkbox"/>	<p>Must complete activity one AND activity two to qualify for this reward.</p> <p>Activity One:</p> <p><input type="checkbox"/> Annual Physical Exam (APE) at a StayWell provider.</p> <p>Activity Two:</p> <p>One of the following Preventive Health Screening (PHS) (check one below):</p> <p><input type="checkbox"/> StayWell online Know Your Number (KYN) Health Risk Assessment (HRA).</p> <p><input type="checkbox"/> Screening Mammography and clinical breast exam for women ages 40 to 69 years.</p> <p><input type="checkbox"/> Cervical cancer screening with Pap Smear for women ages 21 to 65.</p> <p><input type="checkbox"/> Colorectal cancer screening per USPSTF guidelines for adults ages 50 to 75 years.</p> <p><input type="checkbox"/> Osteoporosis screening per USPSTF guidelines for women ages 65 and older.</p> <p><input type="checkbox"/> Screening for lipid disorders per USPSTF guidelines for men ages 35 and older, or women ages 45 and older.</p>	\$ 100.00	<p><input type="checkbox"/> APE Date: _____ Code: _____</p> <p><input type="checkbox"/> StayWell Provider</p> <p><input type="checkbox"/> PHS Date: _____ Code: _____</p> <p><input type="checkbox"/> HRA Date: _____</p>
<input type="checkbox"/>	Diabetes care with annual retinal eye exam, Hemoglobin A1c, foot exam, urine microalbumin test, and fasting lipid profile. (All procedures must be completed)	\$ 100.00	
<input type="checkbox"/>	100% Maintenance medication compliance for chronic disease management for members diagnosed with Diabetes OR Asthma.	\$ 25.00	
<input type="checkbox"/>	Completion of two (2) dental prophylaxis/cleaning services per year under the StayWell Dental Plan benefits provision.	\$ 25.00	<p><input type="checkbox"/> 2 Cleaning services</p> <p><input type="checkbox"/> StayWell Provider</p>
<input type="checkbox"/>	Attendance in any two (2) StayWell-approved Health Education Classes. Proof of attendance required.	\$ 25.00	<p><input type="checkbox"/> Class x 2</p> <p><input type="checkbox"/> Attendance/ completion</p>
<input type="checkbox"/>	Completion of two (2) 5k run events. Proof attendance and completion required.	\$ 25.00	<p><input type="checkbox"/> 2 events</p> <p><input type="checkbox"/> Attendance/ completion</p>
<input type="checkbox"/>	Attendance in a fitness class or gym with a minimum of eight (8) visits per month for three (3) consecutive months. Proof of attendance and membership required.	\$ 25.00	<p><input type="checkbox"/> 3 months, ≥ 8 visits</p> <p><input type="checkbox"/> Attendance/ membership</p>
TOTAL (maximum benefit of \$200.00 per member per policy year):			Initials and Comments (Y/ N):

Upon completion, please submit this form (including supporting documents) to: enjoylife@staywellguam.com OR StayWell Insurance Health Management Department 520 Route 8 Maite, Guam 96910. **ACTIVITIES AND FORM IS ONLY VALID FOR POLICY YEAR 2026.**

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below):

- I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services.
- I authorize the release of any information to StayWell Insurance about my fitness/ gym membership and participation in a health education class.

Claimant's Signature: _____ Date: MM / DD / YYYY

QUESTIONS? For further information, call StayWell's Customer Service or Health Management Department at (671)477-5091 ext. 1120 or 1185.

EnjoyLife Rewards Frequently Asked Questions

1. **Who is eligible for the reward?** StayWell subscribers and their dependents over the age of 18 who have EnjoyLife Rewards Program under their medical health plan are eligible for the rewards program. Members must be enrolled under their medical health plan for a minimum of 12 months of continuous coverage within the reward period of the policy year. Members must be at least 18 years old at the start of the reward period of the policy year.
2. **What do I need to do to receive my reward?** Members must complete the EnjoyLife Rewards Form available online or in our office, and submit to our Health Management Department. Other supporting documents, including proof of gym membership and attendance, and/or proof of fitness event completion, must accompany the Rewards Form. Any rewards forms lacking supporting documents may result in disqualification of the reward.
3. **Is there a deadline for completion of the activities or submission of the Rewards Form?** All reward activities must be completed strictly within the designated reward period of the policy year. Any activities completed before or after the reward period will not be counted towards the reward. All forms and supporting documents are due no later than sixty (60) days from the end of the policy year.
4. **When will I get my reward and where can I pick it up?** After the sixty (60) day period for submission of the rewards form has passed, StayWell has an additional sixty (60) business days to issue your rewards. We will mail all rewards directly to your address on file. We do not offer reward pickup at our office or through your employer.
5. **How much is my reward?** Reward amounts vary according to the completed activities, as listed below. The maximum amount rewarded per member per policy year is \$200.00 OR \$400.00 per family per year.

ACTIVITY REQUIREMENTS	REWARD
Annual Physical Exam (APE), AND completion of one of the following Preventive Health Screenings (PHS): <ol style="list-style-type: none"> 1. Screening mammography and clinical breast exam for women ages 40 to 69 years. 2. Cervical cancer screening with Pap Smear for women ages 21 to 65 years. 3. Colorectal cancer screening per USPSTF guidelines for adults ages 50 to 75 years. 4. Osteoporosis screening per USPSTF guidelines for women ages 65 and older. 5. Screening for lipid disorders per USPSTF guidelines for men ages 35 and older, or women ages 45 and older. 6. StayWell online Health Risk Assessment. <ul style="list-style-type: none"> • Both the annual physical exam and one of the above-listed preventive health screenings must be completed within the reward period to avail of this reward. • Annual physical exams and above-listed preventive health screenings must be obtained through a StayWell Participating Provider. Preventive Health Services (i.e., executive check-up, cancer screening, annual physical) performed off-island at StayWell Centers of Excellence are accepted. • StayWell's online Health Risk Assessment (HRA) may be completed through our Wellworks Wellness Portal by visiting our StayWell website. HRAs must be completed between January-December of the calendar year. (Username: 11-digit StayWell Member ID, Temporary Password: Date of Birth (MMDDYYYY)) • If you have dual coverage with another health insurance carrier and StayWell is not your primary health insurance. A billing statement with procedure codes from your healthcare provider must be submitted as proof of completion. 	\$ 100
Diabetes care with annual retinal eye exam, Hemoglobin A1c, foot exam, urine microalbumin test, and fasting lipid profile. <ul style="list-style-type: none"> • Above-listed services must be obtained through a StayWell Participating Provider or Center of Excellence. All above-listed procedures must be completed in order to avail of this reward. • Must be diagnosed with diabetes by a licensed medical professional to qualify for this reward. 	\$100
100% Maintenance medication compliance for chronic disease management for members diagnosed with Diabetes OR Asthma. <ul style="list-style-type: none"> • 100% compliant with maintenance medication within the reward period of the the policy year for members diagnosed with Diabetes OR Asthma, as prescribed by their primary care provider. • Limit one reward per policy year. 	\$25
Completion of two (2) dental prophylaxis/cleaning services per year under the StayWell Dental Plan benefits provision. <ul style="list-style-type: none"> • Dental services must be obtained through a StayWell Participating Provider. 	\$25
Attendance in any two (2) StayWell Health Education Classes. Proof of attendance required. <ul style="list-style-type: none"> • StayWell Health Education Classes are offered through StayWell's Health Management Department and are presented by approved health professionals. Topics include, but are not limited to: Stress Management, Smoking Cessation, Nutrition, Disease Prevention/Management, etc. Classes are subject to change without notice. Classes may be scheduled through your employer's Human Resources Department. • Proof of attendance and completion is required. 	\$25
Completion of two (2) fitness or 5k run events. <ul style="list-style-type: none"> • Members can participate in any organized 5k run or fitness event. • Proof of attendance and completion is required, and may be in the form of official race completion results, official race bib, and a selfie (photograph) at the finish line of the run. 	\$25
Attendance in a fitness class or gym with a minimum of eight (8) visits per month for three (3) consecutive months. <ul style="list-style-type: none"> • Proof of membership and attendance is required. Please provide a copy of your fitness center registration form and a copy of your monthly attendance/check-ins. • Gym attendance can be attained through our various StayWell Fitness Partner facilities, or through other commercial fitness facilities approved by StayWell. 	\$25