



**HEALTH  
MANAGEMENT  
PROGRAM**

**ENJOYLIFE REWARDS FOR PY 2025**



**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 ON THE COMPLETED ACTIVITY YOU ARE CLAIMING.

COMPLETED	QUALIFYING ACTIVITY	REWARD	DO NOT WRITE IN SPACE BELOW. OFFICE USE ONLY
<input type="checkbox"/> Date of APE / Exam(s):	Annual Physical Exam (APE) at a StayWell provider; AND (check one below): <input type="checkbox"/> StayWell Health Risk Assessment. <input type="checkbox"/> Screening Mammography and clinical breast exam for women ages 40 to 69 years. <input type="checkbox"/> Cervical cancer screening with Pap Smear for women ages 21 to 65. <input type="checkbox"/> Colorectal cancer screening per USPSTF guidelines for adults ages 50 to 75 years. <input type="checkbox"/> Osteoporosis screening per USPSTF guidelines for women ages 65 and older. <input type="checkbox"/> Screening for lipid disorders per USPSTF guidelines for men ages 35 and older, or women ages 45 and older.	\$ 100.00	<input type="checkbox"/> APE <input type="checkbox"/> StayWell Provider
<input type="checkbox"/> Date of Exam(s)	Diabetes care with annual retinal eye exam, Hemoglobin A1c, foot exam, urine microalbumin test, and fasting lipid profile.	\$ 100.00	
<input type="checkbox"/> Date of Class(es)	Attendance in any two (2) StayWell-approved Health Education classes. Proof of attendance and completion required.	\$ 25.00	<input type="checkbox"/> Class x 2 <input type="checkbox"/> Attendance/completion
	Accumulation of at least 300 points a month for three (3) consecutive months through the Health Activity Tracker™ on the EnjoyLife Web Portal.	\$ 25.00	<input type="checkbox"/> 3 months <input type="checkbox"/> ≥ 300 points/month
<input type="checkbox"/> Date of Event(s)	Completion of two (2) StayWell sponsored fitness or 5K run events. Proof of attendance and completion required.	\$ 25.00	<input type="checkbox"/> 2 events <input type="checkbox"/> Attendance/ completion
<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	<input type="checkbox"/> 3 months, ≥ 8 visits <input type="checkbox"/> Attendance/ membership
<input type="checkbox"/>	100% Maintenance medication compliance for chronic disease management for members diagnosed with Diabetes OR Asthma.	\$ 25.00	
<input type="checkbox"/> Date of Service(s)	Completion of two (2) dental prophylaxis/cleaning services per year under the StayWell Dental Plan benefits provision.	\$ 25.00	<input type="checkbox"/> 2 cleaning services <input type="checkbox"/> StayWell Provider
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](mailto:enjoylife@staywellguam.com) OR StayWell Insurance Health Management Department 520 Route 8 Maite, Guam 96910. **ACTIVITIES AND FORM ONLY VALID FOR POLICY YEAR 2025.**

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

## 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 plan are eligible to receive a maximum of \$200.00 per policy year. 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.
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 office. 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 during the policy year in order to receive the reward for that year. The EnjoyLife Rewards form is due no later than sixty (60) days from the end of the policy year.
4. **When will I get my reward?** After the sixty (60) day period for submission of the Rewards Form has passed, StayWell has up to sixty (60) days to issue your reward.
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.

### Activity Requirements

ACTIVITY	REWARD
<b>Annual Physical exam, <i>AND</i> completion of one of the following:</b> <ol style="list-style-type: none"> <li>1. Screening Mammography and clinical breast exam for women ages 40 to 69 years.</li> <li>2. Cervical cancer screening with Pap Smear for women ages 21 to 65 years.</li> <li>3. Colorectal cancer screening per USPSTF guidelines for adults ages 50 to 75 years.</li> <li>4. Osteoporosis screening per USPSTF guidelines for women ages 65 and older.</li> <li>5. Screening for lipid disorders per USPSTF guidelines for men ages 35 and older, or women ages 45 and older.</li> <li>6. StayWell Health Risk Assessment.               <ul style="list-style-type: none"> <li>• Annual Physical Exams and above-listed preventive health screenings must be obtained through a StayWell Participating Provider. Preventive Health Services performed off-island at StayWell Centers of Excellence are accepted as Annual Physical Exams.</li> <li>• StayWell's Health Risk Assessment (HRA) may be completed online through our EnjoyLife Web Portal by visiting our website at <a href="http://www.staywellguam.com">www.staywellguam.com</a>. HRAs must be completed between January-December of the calendar year.</li> </ul> </li> </ol>	<b>\$ 100</b>
<b>Diabetes care with annual retinal eye exam, Hemoglobin A1c, foot exam, urine microalbumin test, and fasting lipid profile.</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<b>\$ 100</b>
<b>Attendance in any two (2) StayWell Health Education Classes. Proof of attendance required.</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Proof of attendance and completion is required.</li> </ul>	<b>\$25</b>
<b>Accumulation of at least 300 points a month for three (3) consecutive months through the Health Activity Tracker™ on the EnjoyLife Web Portal.</b> <ul style="list-style-type: none"> <li>• The Health Activity Tracker™ may be accessed by visiting our EnjoyLife Web Portal through our website at <a href="http://www.staywellguam.com">www.staywellguam.com</a>. For your personal username and password, please contact our Health Management Department at 477-5091 ext. 1185. Points may be accumulated through completion of health practices, health events, and other wellness initiatives.</li> </ul>	<b>\$25</b>
<b>Completion of two (2) StayWell-sponsored fitness or 5K run events.</b> <ul style="list-style-type: none"> <li>• StayWell-sponsored events are subject to change without notice. Please call our Health Management Department at 477-5091 ext. 1185 for a list of approved events.</li> <li>• Proof of attendance and completion is required, and may be in the form of a 5K race bib AND printed race completion results.</li> </ul>	<b>\$25</b>
<b>Attendance in a fitness class or gym with a minimum of eight (8) visits per month for three (3) consecutive months.</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Gym attendance can be attained through our various StayWell Fitness Partner facilities, or through other commercial fitness facilities approved by StayWell.</li> </ul>	<b>\$25</b>
<b>100% Maintenance medication compliance for chronic disease management for members diagnosed with Diabetes OR Asthma.</b> <ul style="list-style-type: none"> <li>• 100% compliant with maintenance medication within the Reward Period of the the policy year for members diagnosed with Diabetes OR Asthma, as perscribed by their primary care provider.</li> <li>• Limit one reward per policy year.</li> </ul>	<b>\$25</b>
<b>Completion of two (2) dental prophylaxis/cleaning services per year under the StayWell Dental Plan benefits provision.</b> <ul style="list-style-type: none"> <li>• Dental services must be obtained through a StayWell Participating Provider.</li> </ul>	<b>\$25</b>