Clark County Self-Funded Benefit Plan
Wellness Benefit Designation Form

Member Name: ____________________________

Patient Name: ____________________________

Member ID Number: ________________________

The Plan provides a wellness benefit up to $200.00 per calendar year for the following routine services for each covered employee/retiree, covered spouse and covered dependent. This benefit may not be accumulated from year to year if the benefit is not used. An itemized statement must be submitted in order to receive this benefit. For the submission of medications for smoking cessation or weight loss; the medication must be recognized and approved by the FDA for the treatment of smoking cessation or weight loss; receipts must be from a pharmacy and include the name of the drug, patient's name, date dispensed, and amount of purchase. This benefit does NOT cover deductibles, co-payments, co-insurance or any amount over reasonable and customary applied by the plan.

1. Eyeglasses or contact lenses (not covered by vision plan)
2. Vitamin B injections administered and supplied by a medical provider
3. Programs to stop smoking as approved or prescribed by a physician
4. Weight loss program as approved or prescribed by a physician
5. Minor outpatient surgical procedures
6. Check-ups (including routine physical examination, lab tests & x-rays) or immunizations not covered under the Preventive and Wellness Services as specified by the Affordable Care Act.

I hereby certify that I would like the following expenses applied to my wellness benefit.

Wellness Service Description: ____________________________

Amount to be applied to Wellness Benefit: ____________________________

Date of Service: ____________________________

Provider of Service: ____________________________

Claim Number (if known): ____________________________

[ ] Member [ ] Provider

Please mail your completed form and back up documentation to:
Clark County Self-Funded Plan – HealthSCOPE Benefits
P.O. Box 99005
Lubbock, TX 79490-9005 or email to: clarkcountywellness@healthscopebenefits.com