

HABERSHAM COUNTY BOARD OF COMMISSION
EXECUTIVE SUMMARY

SUBJECT: **Agreement with American Specialty Health (ASH)**

DATE: 4.24.2023

(X) RECOMMENDATION

() POLICY DISCUSSION

BUDGET INFORMATION:

() STATUS REPORT

ANNUAL- TBD

() OTHER

CAPITAL-

Presented by: Kathy Holcomb

COMMISSION ACTION REQUESTED ON: August 21, 2023

PURPOSE: To request Commission approval of an agreement with American Specialty Health (ASH) for the Senior Center to begin participation in the Silver & Fit and Active & Fit membership programs, as per client request

BACKGROUND / HISTORY: Silver & Fit and Active & Fit are both insurance benefit programs that allow guests to obtain a membership with the Senior Center for use of the wellness center, as a benefit through their insurance provider. This agreement with ASH allows the Senior Center to receive reimbursement from ASH for each visit a person makes with their membership.

FACTS AND ISSUES:

Habersham Senior Center added clients who requested to use their insurance benefit through Anthem-Blue Cross, among other providers.

1. Once the service is approved the center will begin receiving compensation from ASH Fitness for each client's participation.
 2. The Senior Center will receive up to \$25.00 monthly per participant usage.
 3. Ash Fitness will assist in promoting the new program through their website, brochures, and flyers.
 4. Ash Fitness has executed an amendment to the original agreement with the Habersham County Recreation Center to add the Habersham County Senior Center (location 217 Scoggins drive) as a location under the signing authority of the Habersham County Board of Commissioners.
 5. The amendment entails rate compensation only for location 217 Scoggins drive.
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OPTIONS:

- 1) Approve request for Habersham Senior Center to add the Ash Amendment for additional client benefits while also securing additional compensation for the center.
 - 2) Deny request to approve request for Habersham Senior Center to add the Ash Amendment for additional client benefits while also securing additional compensation for the center.
 - 3) Other commission defined alternative.
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RECOMMENDED SAMPLE MOTION:

Consider approval request for Habersham Senior Center to add the Ash Amendment for additional client benefits while also securing

additional compensation for the center.

DEPARTMENT:

Prepared by: Kathy Holcomb

Director Kathy Holcomb

ADMINISTRATIVE
COMMENTS:

_____ DATE: _____

County Manager

**AMENDMENT TO
THE FITNESS NETWORK LOCATION SERVICES AGREEMENT**

This Amendment (“Amendment”) to the Fitness Network Location Services Agreement and amendments (if any) to it (hereinafter collectively as “Agreement”) is entered into by and between American Specialty Health Fitness, Inc. (“ASH Fitness”), a Delaware corporation and the Fitness Network Location identified on the signature page of this Amendment (“Fitness Network Location”).

Recitals

WHEREAS, ASH Fitness and Fitness Network Location have previously entered into the Agreement which remains in effect today;

WHEREAS, the Parties wish to amend the Agreement to update the program compensation attachment.

NOW THEREFORE, in consideration of the premises and the mutual covenants set forth herein and for other good and valuable consideration, ASH Fitness and Fitness Network Location agree to amend the Agreement as follows:

Amendment

1. Attachment G – Program Compensation: Attachment G Program Compensation Attachment is hereby deleted and replaced with the Attachment G attached hereto.
2. Reaffirmation. It is further agreed between the Parties except, as herein amended, all other terms, provisions and conditions of the Agreement shall remain in full force and effect. The terms that have not been defined here shall take their meaning from the Agreement.

**AMERICAN SPECIALTY HEALTH FITNESS, INC.
FITNESS NETWORK LOCATION SERVICES AGREEMENT**

ATTACHMENT G – PROGRAM COMPENSATION

HABERSHAM PARKS AND RECREATION, GA



It is agreed between the Parties that Fitness Network Participating Location(s) or the ASH Fitness programs selected by them, as mutually agreed to by the Parties, may be added or removed from time to time in this Attachment G without the need for an amendment to the Agreement. After any such modification of the Fitness Network Participating Location(s) or the ASH Fitness programs in this Attachment G, Parties will exchange the modified Attachment G.

Fitness Network Participating Location(s) acknowledges and agrees that any contractual changes for the renewal term shall be finalized with ASH Fitness at least one hundred twenty (120) days prior to the expiration of the current term. ASH Fitness, at its sole discretion, may not accept any contractual changes Fitness Network Participating Location fails to finalize with ASH Fitness at least one hundred twenty (120) days prior to the expiration of the current term and the current agreement shall be applicable to the renewal.

SILVER&FIT BASIC FITNESS NETWORK LOCATION:

The following compensation rate is for a Silver&Fit Basic Fitness Network Location in the Silver&Fit Program:

Benefit Program	Network	Standard Compensation Rate	Maximum Number of Visits Compensated Per Month	Monthly Compensation Maximum
Silver&Fit Basic Unlimited classes Scoggins St. only	Standard	\$2.50	10	\$25.00

SILVER&FIT FULL FITNESS NETWORK LOCATION:

The following compensation rate is for a Silver&Fit Full Fitness Network Location in the Silver&Fit Program:

Benefit Program	Network	Standard Compensation Rate	Maximum Number of Visits Compensated Per Month	Monthly Compensation Maximum
Silver&Fit Full	Standard/Premium	NA	NA	NA

ATTACHMENT G – PROGRAM COMPENSATION**HABERSHAM PARKS AND RECREATION, GA****ACTIVE&FIT ENTERPRISE FITNESS NETWORK LOCATION:****A Product of Active&Fit®**

The following compensation rate is for the Active&Fit Enterprise Program:

Benefit Program	Network	Standard Compensation Rate	Maximum Number of Visits Compensated Per Month	Monthly Compensation Maximum
A&F Enterprise	Standard/Premium	NA	NA	NA

ACTIVE&FIT DIRECT FITNESS NETWORK LOCATION:**A Product of Active&Fit®**

The following compensation rate is for the Active&Fit Direct Program:

Benefit Program	Network	Standard Compensation Rate	Maximum Number of Visits Compensated Per Month	Monthly Compensation Maximum
Active&Fit Direct	Standard/Premium	NA	NA	NA

ACTIVE&FIT NOW FITNESS NETWORK LOCATION:**A Product of Active&Fit®**

The following compensation rate is for the Active&Fit Now Program:

Benefit Program	Network	Standard Compensation Rate	Maximum Number of Visits Compensated Per Month	Monthly Compensation Maximum
Active&Fit Now	Standard/Premium	NA	NA	NA

Signature: _____

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their respective duly authorized representatives as of the dates set forth below.

AMERICAN SPECIALTY HEALTH
FITNESS, INC.

FITNESS NETWORK LOCATION

Signature

Fitness Network Location Legal Name

Printed Name

Signature of Authorized Representative

Title

Kathy Holcomb

Printed Name

Date

Title

Date

Effective Date of Amendment

