

FITNESS REWARDS

Reward Yourself With Fitness Rebates and Discounts

To encourage you to get fit and stay healthy, Tufts Health Plan offers a number of ways for you to save on certain fitness costs, both in and outside of our network.

Fitness Rebate of \$150 or three months*

We'll give you a rebate on your fitness center membership and certain group exercise classes if you are eligible.** Check your benefits for what is included in the rebate and the amount allowed on your plan. It's simple! Once you've been a member of Tufts Health Plan for at least four months, you're eligible for the rebate.

Your fitness costs must meet the following criteria for the rebate:

- ① The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The rebate does not include martial arts centers, gymnastics centers, country clubs, aerobics-only or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.
- ② Some of our group plans will also rebate the cost of certain group exercise classes.*** Classes held in a residential setting or dance classes are not included. You must check your benefits to see if group exercise classes are included on your plan.

*Depending on your plan design

**Exercise class reimbursement is only available with the \$150 rebate option

***Group exercise classes include, but are not limited to: yoga, pilates, aerobics, Zumba, and kickboxing

Based on your plan, Tufts Health Plan will pay up to the allowed amount of your costs paid for the year. The fitness rebate benefit varies depending on the plan you are on. Make sure to check your benefits to determine what fitness rebates you are eligible for.

You can check your benefits and request your rebate online — just log into your secure online account at tuftshealthplan.com. Or, you can mail in the form on the back of this sheet along with your documentation.

Great Discounts on Network Fitness Centers

You can save even more money when you join a fitness center in the Tufts Health Plan network.

- ▶ Save 20% on one-year memberships and pay no joining fee at any of our Tufts Health Plan network fitness centers in Massachusetts, New Hampshire, and Rhode Island. There are almost 80 to choose from.
- ▶ Save 50% when you join a participating New England Curves® club.
- ▶ Save 10% on a personal training package at Fitness Together and receive a free fitness evaluation.
- ▶ Save 20% on Appalachian Mountain Club membership rates and receive discounts on accommodations, subscriptions and programs.
- ▶ Members 18 years old and younger pay no fee to join a network Boys & Girls Clubs in Massachusetts and Rhode Island. Members also receive a 20% discount on the cost of most programs.
- ▶ If you're not ready to join a center, you and your family can go to a fitness center in the Tufts Health Plan network and pay a small copayment of \$6-\$10 for each visit up to five visits a month.

For a full list of fitness centers in the Tufts Health Plan network, go to tuftshealthplan.com and click on Find a Doctor, then search under Other Medical Services.

The rebate applies one time per family, one time per year. The rebate is paid to the Tufts Health Plan subscriber after you pay your fitness costs. Submit the Fitness Rebate Form, along with any of the following:

- 1) Proof of fitness center membership and payment,
- 2) If your plan allows, proof of charges and payment for group exercise classes

SUBMIT YOUR REBATE FORM 

MEMBER FITNESS REBATE FORM

You must complete all fields. Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

To qualify for the fitness rebate, you must be eligible through your group plan and complete four consecutive months of membership with Tufts Health Plan.

You will have 24 months from the date you paid your fitness club fees to submit your request for the fitness rebate. Check your benefits for what is included in the rebate and the amounts allowed on your plan. The rebate applies one time per family, one time per year. The rebate is paid to the Tufts Health Plan subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt.

MEMBER/SUBSCRIBER INFORMATION

▶ Member Information

Name (Last, First, Middle Initial): _____

Date of Birth: ____ / ____ / ____ Sex: ☐ Male ☐ Female

Tufts Health Plan ID#

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▶ Subscriber Information

Address: _____ Telephone: _____

FITNESS CENTER INFORMATION

Fitness Club Name: _____

Address: _____ Telephone: _____

Year(s) of fitness club membership: Year 1: _____ Amount Paid: _____

Year 2: _____ Amount Paid: _____

GROUP EXERCISE CLASS INFORMATION (Check your benefits for this rebate)

Group Exercise Class Name: _____

Address: _____ Telephone: _____

Year(s) of group exercise class(es): Year 1: _____ Amount Paid: _____

Year 2: _____ Amount Paid: _____

FOR INTERNAL USE ONLY

Diagnosis Code: **799**
(Effective 10/1/15: R69)

Description: **General**

Procedure code: **T4220 Health club membership, annual**
Procedure code: **S9451 Group exercise classes**

PAYMENT INFORMATION

Please indicate which one of the following forms of proof of payment you are including with this form:

- ☐ An itemized receipt from the fitness club and/or group exercise class, showing the dates of membership and dollar amounts paid
- ☐ A credit card statement or receipt indicating fitness club and/or group exercise class payment
- ☐ A statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

SIGNATURE REQUIRED

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the fitness rebate may be considered taxable income.

Member Signature: _____ Date: _____

Please submit this form and all documentation to:

Tufts Health Plan | Member Reimbursement Claims, PO Box 9191
Watertown, MA 02471-9191

Please do not staple any materials to this form



FITNESS-REWARDS-06/15