

Fitness Rewards

Reward Yourself with Fitness Rebates and Discounts

As an incentive to our members to get fit and stay healthy, Tufts Health Plan offers a number of opportunities to save on fitness center initiation and membership fees at a wide range of fitness centers both in and out of our network.

Fitness Club Rebate - \$150

Getting a \$150 rebate on your fitness center membership is simple. Complete at least four consecutive months of membership in Tufts Health Plan *and* at a qualified fitness center.* Then, submit the Fitness Rebate Form, along with proof of fitness center membership and proof of payment, and we'll reimburse up to \$150 of your fitness club fees for the year.

The rebate applies once per family, per year, after you have incurred up to \$150 of fitness club membership fees and have met the eligibility requirements. The fitness reimbursement is paid to the Tufts Health Plan subscriber.

Fitness Networks

Save even more when you join a fitness center in the Tufts Health Plan network. Click on Fitness Centers on the Member Discounts page of tuftshealthplan.com to learn more about the following discounts.

- Save 20% on annual memberships and pay no initiation fee at any of our 80 Tufts Health Plan network fitness centers in Massachusetts, New Hampshire, and Rhode Island.
- Save up to 60% on annual membership fees at any GlobalFit network fitness facility. There are over 8,000 GlobalFit locations nationwide to choose from.
- Save 50% when you join a participating New England Curves® club.
- Save 10% on personal training packages at Fitness Together and receive a free initial fitness evaluation.

- Members 18 and younger pay no membership fee to enroll at participating Boys & Girls Clubs in Massachusetts and Rhode Island. Young members also receive a 20% discount on the cost of most programs.

As an alternative to annual memberships, you and your family can visit a fitness center in the Tufts Health Plan network and pay a small copayment for each visit, up to five visits a month.

- Up to 5 years of age: Free
- Ages 6 to 15: \$3 per visit
- Ages 16 and older: \$6 per visit

* A qualified fitness center is a facility with cardiovascular and strength-training equipment and facilities for improving physical fitness. Facilities and programs that are NOT considered qualified fitness centers include martial arts centers, gymnastics facilities, country clubs, aerobic or pool-only facilities, sports teams and leagues, and tennis clubs. Fees for personal trainers, sports instructors, yoga classes, and exercise equipment are also excluded from the rebate.

continued on reverse

Register at tuftshealthplan.com and start using My Wellness Plan to manage your health and well-being.



FITNESS REBATE FORM

Please print clearly. Required sections are marked in blue. 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 complete four consecutive months of membership in Tufts Health Plan and at a qualified fitness center each year you apply.

1. Member's Tufts Health Plan ID# <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px; margin-bottom: 5px;"> </div>	2. Member's Name (Last, First, Middle Initial) 																		
3. Member's Date of Birth / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	4. Member's Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other																		
5. Subscriber's Name: Address: Telephone: () -	6. Fitness Club Name: Address: Telephone: () -																		
7. In what setting did the member receive treatment? (e.g., office, ER, hospital, clinic, ambulance, etc.) <div style="text-align: center;">Fitness Club</div>	8. Outside the USA: In what country was the member seen? <u>NA</u> In what language was the bill written? <u>NA</u> In what currency was the bill paid? <u>NA</u>																		
9. DIAGNOSIS: What were you seen for? <div style="display: flex; justify-content: space-between;"> Diagnosis Code: <u>799</u> Description: <u>General</u> </div>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">A</th> <th style="width: 65%;">B</th> <th style="width: 20%;">C</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">10.</td> <td style="text-align: center;">Year of fitness club membership</td> <td style="text-align: center;">Procedure code and/or description of procedures, services, or supplies provided</td> </tr> <tr> <td></td> <td style="text-align: center;">Amount paid</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">* T4220 Health club membership, annual</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">*</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">*</td> <td></td> </tr> </tbody> </table>		A	B	C	10.	Year of fitness club membership	Procedure code and/or description of procedures, services, or supplies provided		Amount paid			* T4220 Health club membership, annual			*			*	
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11. Total Amount Paid: _____																			
12. Proof of fitness club membership: <input type="checkbox"/> A copy of your fitness club member agreement																			
13. Proof of payment (check one): <input type="checkbox"/> An itemized receipt from the fitness club, showing the dates of membership and dollar amounts paid <input type="checkbox"/> Copies of receipts for fitness club membership dues <input type="checkbox"/> A credit card statement or receipt <input type="checkbox"/> A statement from the fitness club on the fitness club's letterhead, with an authorized signature, indicating payment was made <small>Receipts or statements should include the name of the subscriber and indicate charges for at least four consecutive months of membership.</small>																			
14. Signature is 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 cancelled 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 \$150 fitness rebate may be considered taxable income. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;"> Member signature </div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"> Date </div> </div>																			

INTERNAL USE ONLY	
Representative's Name/Extension:	Corporate Receipt Date:

Please submit this form and all documentation to:

TUFTS HEALTH PLAN
 MEMBER REIMBURSEMENT CLAIMS, PO BOX 9191
 WATERTOWN, MA 02471-9191

