

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 fitness center fees both in and outside of our network.

\$150 Fitness Center Rebate

We'll give you a rebate of up to \$150 on your fitness center membership. It's simple! Once you've been a member of Tufts Health Plan for at least four months, you're eligible for the rebate. All you have to do is be a member of any fitness center for at least four months. To be eligible for the rebate, the fitness center must offer cardio and strength-training machines and other programs for improved physical fitness.

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 center fees. Submit the Fitness Rebate Form, along with proof of fitness center membership and payment, and Tufts Health Plan will pay up to \$150 of your fees for the year. You can also request your rebate online — just log in to your secure online account at tuftshealthplan.com. Fitness centers and programs that are not part of the rebate program include martial arts centers, gymnastics centers, country clubs, aerobics-only or pool-only centers, sports teams and leagues, and tennis clubs. Personal trainers, sports coaches, yoga classes, and exercise machines are also not included in the rebate program.

To learn more about Tufts Health Plan fitness discounts, or to request a rebate for your fitness center membership, log in to your secure online account at tuftshealthplan.com.

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.
- 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 \$3-\$6 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.

continued on reverse



TUFTS  Health Plan

No one does more to keep you healthy.

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%;">10. A</th> <th style="width: 65%;">B</th> <th style="width: 20%;">C</th> </tr> </thead> <tbody> <tr> <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> <td style="text-align: center;">Amount paid</td> </tr> <tr> <td></td> <td>* T4220 Health club membership, annual</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> </tbody> </table>		10. A	B	C	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 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 \$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: 35%; 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

