

FITNESS REWARDS



REWARD YOURSELF FOR GETTING FIT

Get up to \$150 back for getting out and staying active!

\$150 FITNESS REBATE

We'll give you up to \$150 back on your fitness center membership and certain group exercise classes (if you are eligible). 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 You can qualify for the rebate by taking certain group exercise classes. Group exercises include, but are not limited to: Pilates, Zumba, yoga, aerobics, and kickboxing. 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.

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.

Get your rebate even faster — submit your rebate form online at:

mytuftshealthplan.com ▶ Forms ▶ Group Exercise Rebate.

Or, you can mail in the rebate form on the reverse side.

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 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. 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

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

