

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



DISCRIMINATION IS AGAINST THE LAW



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462-0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 ext. 711]

Fax: 617.972.9048

Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bą́áh ilíní da Diné k'ehjí álnéehgo, hodiilnih béésh bee haní'é bee nées ho'dílzingo nantinígíí bikáá'.

Persian برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.