

Fitness Center and Yoga Rewards

Reward Yourself with Fitness and Yoga Rebates and Discounts

To encourage you to get fit and healthy, Tufts Health Plan offers a number of ways for you to save on fitness center and yoga fees both in and outside of our network. You can get up to \$400 back each year!

\$250 Fitness Center Rebate

We'll give you a rebate of up to \$250 on your fitness center membership. It's simple! Once you've been a member of Tufts Health Plan and any fitness center for at least four months, you're eligible for the rebate. To qualify for the rebate, the fitness center must offer cardio and strength-training machines and other programs to improve physical fitness.

\$150 Yoga Rebate

We'll give you a rebate of up to \$150 on yoga center or studio classes and fees. Once you've been a member of Tufts Health Plan and any yoga center or studio for at least four months, you're eligible for the rebate.

The rebates apply one time per family, one time per year. The rebates are paid to the Tufts Health Plan subscriber after you pay your fitness and/or yoga center fees. Submit the Fitness and Yoga Rebate Form, along with proof of fitness and/or yoga center membership and payment, and Tufts Health Plan will give you up to \$250 back towards fitness center fees and up to \$150 back for yoga center fees. 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, 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 or yoga center membership, log in to your secure online account at mytuftshealthplan.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 AND YOGA 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 and/or yoga center each year you apply.

1. Member's Tufts Health Plan ID# <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																		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: Yoga Ctr. Name: Address: Address: Telephone: 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 Yoga Center </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?
 Diagnosis Code: 799 Description: General

10.

A	B	C
Year of fitness club and/or yoga membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid
	* T4220 Health club membership, annual	
	*	
	*	

11. Total Amount Paid: _____

12. Proof of fitness club membership:
 A copy of your fitness club and/or yoga center member agreement

13. Proof of payment (check one):
 An itemized receipt from the fitness club and/or yoga center, showing the dates of membership and dollar amounts paid
 Copies of receipts for fitness club and/or yoga center membership dues
 A credit card statement or receipt
 A statement from the fitness club and/or yoga center on the fitness club's and/or yoga center's letterhead, with an authorized signature, indicating payment was made
Receipts or statements should include the name of the subscriber and indicate charges for at least four consecutive months of membership.

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 \$250 fitness rebate and/or \$150 yoga rebate may be considered taxable income.

Member signature _____ **Date** _____

INTERNAL USE ONLY

Representative's Name/Extension: _____ Corporate Receipt Date: _____