

Reward Yourself for Getting Fit

Get back up to **three** months of fitness center fees for getting out and staying active!

Fitness Center Reimbursement

After being an enrolled member for three months and participating with a qualifying health club or fitness center for three months of the calendar year, we cover three months of membership fees.

Your fitness reimbursement must meet the following criteria for the rebate:

- ① This reimbursement only covers the membership fees of a standard fitness center. A standard fitness center offers cardio and strength-training machines and other programs for improved physical fitness. Typically, standard fitness centers include, but are not limited to: Planet Fitness, Boston Sports Club, YMCA/YWCA, Jewish Community Centers/JCC, Crunch Fitness, etc.
- ② This reimbursement does not cover any fees for country clubs, gymnastics facilities, martial arts centers, social clubs, independent yoga or Pilates studios, tennis-only or pool-only facilities, personal training, sports teams or leagues, or the purchase of personal or at-home exercise machines.

Asking for Reimbursement on Individual Plans Vs. Family Plans

Individual plan subscribers may submit a reimbursement form, with itemized receipts attached, once per benefit year. We will reimburse individual-level fitness center membership fees only.

The reimbursement will be paid to the individual plan subscriber.

Family plan subscribers may submit a reimbursement form, with itemized receipts attached, once per family per benefit year. Only the subscriber may request this reimbursement on behalf of the family or individuals on the family plan. We will reimburse once per benefit year for individual- or family-level fitness center membership fees. **The reimbursement will be paid to the family plan subscriber.**

Submit your rebate form >

Tufts Health Direct

Covered Benefit Reimbursement Form: Fitness Centers



a Point32Health company

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.

You will have 24 months from the date you paid your fitness club fees to submit your request for the fitness rebate. The rebate is paid to the Tufts Health Plan subscriber after fitness costs are paid. We usually process reimbursements within 6 to 8 weeks of receipt.

Member/Subscriber Information

▶ Member Information

Name (Last, First, Middle Initial): _____

Date of Birth: ____ / ____ / ____

Tufts Health Plan ID #

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▶ Subscriber Information

Address: _____

Telephone: _____

Fitness Center Information

Fitness Center Name: _____

Address: _____

Telephone: _____

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 center showing dates of membership and dollar amount paid
- A statement on the fitness center's letterhead, with an authorized signature, indicating payment was made

Signature Required:

Member Signature: _____

Date: ____ / ____ / ____

Please submit this form and all documentation to:

Tufts Health Plan
Attn: Claims Department
P.O. Box 524
Canton, MA 02021

Or fax to: 857-304-6307

Questions? Call us at **888-257-1985**.