

FITNESS REIMBURSEMENT



Effective January 1, 2021 through December 31, 2021

Reward Yourself With a Fitness Reimbursement

To encourage you to be fit and stay healthy, Tufts University offers a fitness reimbursement to employees who are enrolled in a Tufts University health plan.

Fitness Reimbursement

Tufts University will give you a reimbursement on your fitness center membership or certain group exercise classes. It's simple!

The reimbursement is available to members age 18 and older. The subscriber and one other covered dependent qualify for a \$150 individual reimbursement with a maximum of \$300 family per year on expenses for fitness center membership or 24 group exercise classes within a 12-week period.

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

- ▶ For fitness centers, you must be a member of the center for at least three months during 2021 before you qualify for the reimbursement.
 - The center must offer cardio and strength-training machines and other programs for improved physical fitness.
 - Eligible expenses do 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 or equipment.

- ▶ Group exercise classes must take place in a studio or health club* and include aerobics, cycling, yoga, Pilates, Zumba, and kickboxing.

NEW Expanded Fitness Reimbursement Program: On-Line Workouts + Classes Now Included

- ▶ Due to COVID-19 restrictions, we know that people have not been able to access their fitness centers, so we have expanded our Fitness Reimbursement program to include on-line programs.**
 - Use the same Fitness Reimbursement Form with proof of payment for online classes.

*Due to Covid-19 online options are available

**Subject to change.

Submitting your request:

- ▶ The reimbursement is paid to the subscriber.
- ▶ You must submit the request by March 31 in order to be reimbursed for fitness costs for the previous calendar year.
- ▶ Submit the Fitness Reimbursement Form on the reverse of this page, along with one of the following:
 - ① Proof of fitness center membership and payment

OR

 - ② Proof of charges and payment for group exercise classes

SUBMIT YOUR REIMBURSEMENT FORM »»»

FITNESS REIMBURSEMENT FORM – 2021

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. Tufts University employees who have been a health plan member for at least three months during 2021 are eligible.

You have until March 31, 2022 to submit your request for the fitness reimbursement for 2021. The reimbursement applies to the subscriber and to one dependent age 18 or older per year. The reimbursement is paid to the Tufts Health Plan subscriber. Tufts Health Plan usually process reimbursements within 4 to 6 weeks of receipt.

SUBSCRIBER INFORMATION (If a reimbursement is being requested for the subscriber)

Please continue to the next page if requesting reimbursement for a family member.

Name (Last, First, Middle Initial): _____

Date of Birth: ____ / ____ / ____ Sex: M F

Tufts Health Plan ID#

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Address: _____ Telephone: _____

FITNESS CENTER INFORMATION

Fitness Club Name: _____

Address: _____ Telephone: _____

Dates of fitness club membership: _____ Amount Paid: _____

GROUP EXERCISE CLASS INFORMATION

Group Exercise Class Name: _____

Address: _____ Telephone: _____

Dates of group exercise class(es): _____ Amount Paid: _____

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 statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

FOR INTERNAL USE ONLY

Diagnosis Code: **799**

Description: **General**

Procedure code: **T4220 Health club membership, annual**

Procedure code: **S9451 Group exercise classes**

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 this reimbursement may be considered taxable income.

Subscriber 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

FITNESS REIMBURSEMENT FORM – 2021

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. Tufts University employees who have been a health plan member for at least three months during 2021 are eligible.

You have until March 31, 2022 to submit your request for the fitness reimbursement for 2021. The reimbursement applies to the subscriber and to one dependent age 18 or older per year. The reimbursement is paid to the Tufts Health Plan subscriber. Tufts Health Plan usually process reimbursements within 4 to 6 weeks of receipt.

DEPENDENT INFORMATION (If a reimbursement is being requested for a family member)

Name (Last, First, Middle Initial): _____

Date of Birth: ____ / ____ / ____ Sex: M F

Tufts Health Plan ID#

Address: _____ Telephone: _____

FITNESS CENTER INFORMATION

Fitness Club Name: _____

Address: _____ Telephone: _____

Dates of fitness club membership: _____ Amount Paid: _____

GROUP EXERCISE CLASS INFORMATION

Group Exercise Class Name: _____

Address: _____ Telephone: _____

Dates of group exercise class(es): _____ Amount Paid: _____

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
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Dependent Signature: _____ Date: _____

Please submit this form and all documentation to:

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Watertown, MA 02471-9191

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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 or 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 κάρτα 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) សម្រាប់សេវាកម្មប្រដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bááh 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.