

TUFTS MEDICARE PREFERRED HMO

ANNUAL FITNESS BENEFIT

TUFTS  Health Plan



As a Tufts Medicare Preferred HMO plan member

You can receive up to \$150 per calendar year toward your club membership fees and/or exercise classes when you enroll at a qualified health club or fitness facility.

Qualified health clubs and fitness facilities provide cardiovascular and strength-training exercise equipment on site.

Examples of qualified fitness facilities and health clubs include:

- traditional health clubs & community fitness centers
- YMCAs, YWCAs & Jewish Community Centers with a fitness facility on site
- Tufts Health Plan network of fitness centers in Massachusetts; GlobalFit™, a nationwide network of fitness centers; Curves®; & Fitness Together *

Please keep in mind that members cannot receive the Fitness Benefit for membership and/or exercise class fees paid to non-qualified health clubs or fitness facilities. Limited and single service clubs and facilities do not qualify. These include, but are not limited to, martial arts centers; studios, clubs, and facilities providing only yoga, pilates, aerobics, golf, tennis or other sports activity; pool-only facilities; gymnastics facilities; social clubs; and sports teams or leagues. Fees paid for exercise equipment and/or clothing also do not qualify.

For details and qualified health clubs or fitness facilities near you, call Tufts Medicare Preferred Customer Relations at 1-800-701-9000, (TTY 1-800-208-9562 for the hearing impaired) Representatives are available Monday – Friday,

8:00 a.m. – 8:00 p.m. (From November 15 – March 1, representatives are available 7 days a week 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call the next business day.

To receive your Fitness Benefit

Please send us:

- The completed Fitness Benefit Form on the other side of this flyer. Be sure to answer all questions!
- A legible photocopy of your health club or fitness facility agreement that includes the name and address of the club/facility, your name, and the dates of your membership or exercise classes.
- Legible photocopies of one of the following:
 - Dated, paid receipt with club/facility's name preprinted on the receipt, and amount paid
 - Front and back of cancelled check written to club/facility
 - Credit card statement or receipt identifying club/facility

Photocopies must be on 8.5" x 11" paper. Multiple receipts may be included on one page.

Mail the form and photocopies of your health club or fitness facility agreement and paid receipts or statements to:

**Tufts Health Plan
Tufts Medicare Preferred Fitness Benefit
P.O. Box 9181
Watertown, MA 02472**

We encourage you to keep copies of all the paperwork you send us to. We do not return photocopies of receipts or agreements, even if the request for payment is denied.

Remember to check with your doctor before starting an exercise program!

The products & services described below(*) are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products & services may be subject to the Tufts Medicare Preferred grievance process.

*** For more savings, you are also eligible to receive membership and/or exercise discounts when you use Tufts Health Plan participating fitness centers, GlobalFit™, select Curves® or Fitness Together locations. Please call Customer Relations at the number listed above for details!**

FITNESS BENEFIT FORM

Please enter ALL information requested and print clearly.

TUFTS  Health Plan



Your Tufts Medicare Preferred Membership Information

Membership Identification Number _____ Last Name _____ First Name _____ Middle Initial _____

Address: Number and Street _____ City _____ State _____ Zip _____

Sex: Male _____ Female _____ / _____ / _____
Date of Birth: Month / Day / Year _____ Benefit Year _____

Your Qualified Health Club or Fitness Facility

Club/Facility Name: _____

Club/Facility Address: _____

Your annual \$150 Fitness Benefit can apply toward your club membership fee(s), exercise class fee(s) or both. Please check below as applicable:

Attached paid receipts are for my Club Membership fee(s): Yes _____ No _____

Attached paid receipts are for my exercise class fee(s): Yes _____ No _____

How & When to Submit This Form (Please allow 30 days for processing of completed forms.)

- You may submit this form with paid receipts once and receive your \$150 Fitness Benefit in full OR you may submit this form with paid receipts several times until you have received up to \$150.
- You can receive up to \$150 per calendar year (January 1 – December 31).
- You have until March 31st of the following year to file for your Fitness Benefit for the previous year.
- Dated & Paid Receipts required. Attach 8.5" x 11" photocopies of dated, paid receipts and your health club or fitness facility agreement. You may photocopy more than one receipt on a page.
- Total amount submitted is \$_____
- **Please mail to:**
Tufts Health Plan
Tufts Medicare Preferred Fitness Benefit
P.O. Box 9181
Watertown, MA 02472

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Tufts Health Plan about my health club membership. I certify that the information provided is complete and correct and that I have not previously submitted for these services.

Member's Signature: _____ Date: _____