

FITNESS & NUTRITIONAL COUNSELING BENEFIT:

How to Get Your \$150 Reimbursement

As a Tufts Medicare Preferred Supplement plan member, each calendar year you can get up to a total of \$150 toward fees you pay for:

- **Fitness classes led by an instructor for yoga, Pilates, Tai Chi, and/or aerobics.** These fitness classes generally take place in a studio, community center, or senior center.
- **Membership in a qualified health club or fitness facility.** A qualified health club or fitness facility provides cardiovascular and strength training exercise equipment on site and will include an orientation to the facility and the equipment for each member. Examples include:
 - Traditional health clubs & community fitness centers
 - YMCAs, YWCAs & Jewish Community Centers with a fitness facility on site
 - Tufts Health Plan's network of fitness centers in Massachusetts; Curves®; & Fitness Together
- **Nutritional counseling provided by a registered dietitian or licensed nutritional counselor.**

Please note, this benefit does not cover membership fees you pay to non-qualified health clubs or fitness facilities, including but not limited to, martial arts centers, gymnastics facilities, country clubs and social clubs, or for sports activities such as golf and tennis.

To Get Your Reimbursement Send Us:

- The completed form on the back of this page (Only one member request per form please).
- Photocopies of one of the following:
 - Dated, paid receipt with the name of the facility, class, or counselor preprinted on the receipt, and the amount paid
 - Front and back of canceled check written to the facility, class, or counselor
 - Credit card statement or receipt identifying the facility, class, or counselor

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

Mail the form, paid receipts or statements to:

**Tufts Health Plan Medicare Preferred
Fitness and Nutritional Counseling Benefit
P.O. Box 9183
Watertown, MA 02471-9183**

Please keep copies of all the paperwork you send us. We are not able to 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!

For more information, call Customer Relations at 800-701-9000 (TTY 711).

Representatives are available Monday-Friday, 8:00 a.m.-8:00 p.m. (From October 1-March 31, 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 on the next business day.

FITNESS & NUTRITIONAL COUNSELING BENEFIT REIMBURSEMENT FORM



Please enter ALL information requested and print clearly. (One form per member.)

Your Information

Relationship to the Subscriber: Self Authorized Representative

If a Member Reimbursement is being submitted by an Authorized Representative, please complete and include the Tufts Health Plan Appointment of Personal Representative Form (AOR), or any legal documentation verifying personal representation, with your request. We require verification of the authority of a Personal Representative before the request can be processed. You can find the AOR form on our website at thpmp.org/aor-forms.

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: Male _____ Date of Birth: ____ / ____ / ____ Phone Number: _____
Female _____ (MM/DD/YYYY)

Tufts Medicare Preferred Supplement Member ID #: _____ Benefit Year: _____
(calendar year)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Facility, Class or Counselor Information

Facility/Class/Counselor Name: _____

Facility/Class/Counselor Address: _____

I am requesting reimbursement for: Club/Facility Membership fee(s) Nutritional Counseling fee(s)
(check all that apply) Fitness class fee(s)

If you are applying your benefit toward a health club or fitness facility, please confirm you received an orientation to the facility and equipment: Yes, I received an orientation

How to Submit This Form (please allow 45 days for processing of completed form)

- You can submit this form with paid receipts once and receive your \$150 Fitness and Nutritional Counseling reimbursement 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).
- Submit photocopies of:
 - Dated and paid receipts
 - Completed & signed Fitness and Nutritional Counseling reimbursement form
- Total reimbursement you are requesting:
 - \$150.00
 - Less than \$150.00
 - Indicate Amount: \$ _____
- Please mail to:**
Tufts Health Plan Medicare Preferred
Fitness and Nutritional Counseling Benefit
P.O. Box 9183
Watertown, MA 02471-9183

Reimbursement requests must be received by Tufts Health Plan Medicare Preferred by March 31st of the following year.

Authorization (this form must be signed and dated below)

I authorize the release of any information to Tufts Health Plan Medicare Preferred 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: _____