

FITNESS & NUTRITIONAL COUNSELING BENEFIT: How To Get Your \$150 Reimbursement

TUFTS  Health Plan
Medicare Preferred

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 dietician 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. Also, pre-packaged meals and cookbooks associated with weight loss programs are not covered.

For more savings, you can also get discounts when you use Tufts Health Plan participating fitness centers, registered nutritional counselors, select Curves® or Fitness Together locations. Please call Customer Relations at the number listed in the next column for details!

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 cancelled 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
Wellness 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 1-800-701-9000, (TTY 1-800-208-9562). Representatives are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (From October 1 – February 14, 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.

Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.

FITNESS & NUTRITIONAL COUNSELING BENEFIT REIMBURSEMENT FORM

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

Your Information

Tufts Health Plan Medicare Preferred Member # _____ Last Name _____ First Name _____ Middle Initial _____

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

Gender: Male _____ Female _____ / _____ / _____
Date of Birth: Month / Day / Year _____ Phone Number _____

Benefit Year (calendar year): _____

Facility, Class, or Counselor Information

Facility/Class/Counselor Name: _____

Facility/Class/Counselor Address: _____

I am requesting reimbursement for (check all boxes that apply):

- Club/Facility Membership fee(s) Fitness class fee(s) Nutritional Counseling fee(s)

How to Submit This Form (Please allow 45 days for processing of completed forms)

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

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: _____