



Fitness rewards

Stay in shape and save

Get money back on your fitness membership

You can get up to \$150 per family, per benefit year for fitness center membership fees and/or exercise classes.

Reimbursement Rules:

- 1 You're eligible for the reimbursement once you've been a member of UnitedHealthcare Freedom Plans and the gym for at least 4 consecutive months in the applicable benefit year
- 2 The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The reimbursement does not include martial arts centers, gymnastics centers, country clubs, 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.
- 3 Exercise classes include, but are not limited to: Pilates, Zumba, yoga, aerobics, and kickboxing. Classes held in a residential setting or dance classes are not included.



Reimbursement form on back

United
Healthcare

Products underwritten by Tufts Health Freedom Insurance Company.

In this document, the term "member" refers to the UnitedHealthcare plan subscriber of a fully insured UnitedHealthcare medical plan, as well as the subscriber's covered spouse or domestic partner. For the spouse or domestic partner to be eligible for this benefit, they must also be enrolled in the UnitedHealthcare product.

To be eligible for reimbursement under the program, the qualifying facility, class or organized group fitness class that you choose must be available to the general public and promote cardiovascular wellness, as determined by us, and have staff supervision. Memberships in tennis clubs, country clubs, social clubs, sports teams, weight loss clinics or spas or any other similar organizations, leagues or facilities will not be reimbursed. You will not be reimbursed for lessons, equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages). Physical and rehabilitative therapies do not apply.

This is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you.

If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program.

The total annual reward amount for your participation in incentive-based programs cannot generally exceed 30% of the cost of coverage.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free phone number listed on your UnitedHealthcare health plan ID card, Monday through Friday, 8 a.m. to 6 p.m., ET. TTY users, dial 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

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. To qualify for the fitness reimbursement, you must complete 4 consecutive months of membership with UnitedHealthcare Freedom Plans and 4 months with the gym in the applicable benefit year.

You will have 12 months from the date you paid your fitness club fees to submit your request for the fitness reimbursement. The reimbursement applies one time per family, one time per benefit year. The reimbursement is paid to the subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt. This form can be submitted multiple times until full reimbursement is met.

Name (Last, First, Middle Initial): _____

Date of Birth: _____ / _____ / _____

Member ID Number _____ Group ID Number _____

Fitness Club Name: _____

Address: _____ Telephone: _____

Year(s) of fitness club membership:

Benefit Year 1:	_____	Amount Paid:	_____
Benefit Year 2:	_____	Amount Paid:	_____

[illegible]

Please include one of the following forms of proof of payment 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 credit card statement or receipt indicating fitness club and/or group exercise class payment
- A statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

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 UnitedHealthcare Freedom Plans may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the fitness reimbursement may be considered taxable income.

Member Signature: _____ Date: _____

Mail to:

UnitedHealthcare Fitness Reimbursement
P.O. Box 31394
Salt Lake City, UT 84131

If you are unable to meet the reimbursement requirements of this program, you might be able to earn the same reward in a different way. Call us at the toll-free phone number on your health plan ID card. We'll work with you and, if necessary, your doctor, to find another way for you to earn the same reward.