

# Gym Reimbursement

The only thing better than staying in shape is getting reimbursed for it.

## Healthier members are happier members.

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, we provide reimbursement toward fitness center membership fees.<sup>1</sup> You can get reimbursed for going to the gym an average of two to three times per week. We know that staying with an exercise routine isn't always easy, and this can help you stay motivated and healthy.

**Note:** This reimbursement is not available to all Oxford plan members, including members of any Connecticut plan, and some New York and New Jersey plans. Please refer to your Certificate of Coverage, Summary Plan Description or other governing member document that applies to your plan, for benefit availability.

## It's easy. First, select a gym.

To receive reimbursement, you must participate in a gym and/or program that promotes cardiovascular wellness. (Memberships in sports clubs, country clubs, weight loss clinics, spas or other similar facilities are not eligible.) For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:

- Elliptical cross-trainer
- Stationary bicycle
- Group exercise
- Step machine/climber
- Pool
- Treadmill
- Rowing machine
- Walking/running group
- Squash/tennis/  
racquetball courts

## How much can you get reimbursed?

Please check your benefits documents or check with your benefits administrator to determine how much you (and your spouse or domestic partner) may be reimbursed.<sup>2</sup>

The reimbursement period begins on the date of your initial visit to the gym and ends six months from that date. Subsequent reimbursement periods begin one day after your previous reimbursement period ended.<sup>3</sup>

## You should follow the steps below to receive reimbursement for your fitness participation:

- 1. Visit the gym** – You must complete a minimum of 50 visits per six-month period. Reimbursements will not be issued until six months have passed, even if 50 visits are completed sooner than six months.
- 2. Collect paperwork** – You need to collect three things: a copy of your current gym bill, showing the monthly cost of your membership; proof of payment for each of the six months you are submitting for reimbursement (i.e., credit card statement, payroll deduction, automatic bank withdrawal, etc.);<sup>4</sup> and a copy of the brochure that outlines the services the gym offers.
- 3. Complete the form** – Fill out and submit a Gym Reimbursement Form, which is shown on the reverse side of this page. Remember to provide the dates of your gym visits completed within the six-month period for which you are making a claim. Also, a representative from your gym must sign the form. You can get extra forms from your benefits administrator, from our website [oxfordhealth.com](http://oxfordhealth.com) or by calling Customer Service at the telephone number on your health plan ID card.
- 4. Mail everything** – The Gym Reimbursement Form, along with a copy of your current gym bill, proof of payment and a copy of the gym's brochure, should be submitted within six months (180 days) to the following address:

**Oxford Gym Reimbursement**

**P.O. Box 29130**

**Hot Springs, AR 71903**

**Call the telephone number on your health plan ID card**

**Important:** Please complete the form in its entirety, or the processing of your claim may be delayed or denied. Please complete one form per member, for each six-month period for which you are making a claim.



<sup>1</sup> Check your Certificate of Coverage, Summary Plan Description or other governing member document to determine eligibility for this reimbursement.

<sup>2</sup> The reimbursement benefit is limited to you and your spouse or domestic partner; no other dependents are eligible. For your spouse or domestic partner to be eligible for this benefit, he or she must also be enrolled in an Oxford product. Reimbursement amounts may vary depending upon your plan. Please refer to your Certificate of Coverage/health benefits plan documents to confirm your policy's benefit.

<sup>3</sup> Please refer to your Certificate of Coverage, Summary Plan Description or other governing member document to confirm your policy's benefit and for applicable filing deadlines. Claim must be filed upon completion of the six-month period being submitted in order to obtain reimbursement.

<sup>4</sup> On your proof of payment, please be sure to cross out your personal account identification information and other information not relevant to your gym payment so it is not legible.

## Gym Reimbursement Form

Member name: \_\_\_\_\_ Member address: \_\_\_\_\_

Oxford member ID number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Six-month period requested: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### Dates of your 50 gym visits\*:

1. _____	18. _____	35. _____
2. _____	19. _____	36. _____
3. _____	20. _____	37. _____
4. _____	21. _____	38. _____
5. _____	22. _____	39. _____
6. _____	23. _____	40. _____
7. _____	24. _____	41. _____
8. _____	25. _____	42. _____
9. _____	26. _____	43. _____
10. _____	27. _____	44. _____
11. _____	28. _____	45. _____
12. _____	29. _____	46. _____
13. _____	30. _____	47. _____
14. _____	31. _____	48. _____
15. _____	32. _____	49. _____
16. _____	33. _____	50. _____
17. _____	34. _____	

\*As a substitute for filling in the dates of your 50 gym visits on this form, you may submit one of the pieces of documentation that are listed below as an attachment to this form. Your documentation must include a signature from a gym representative for verification purposes.

- A computer printout of your visits to the fitness center;
- Receipts that indicate each time you have visited the gym; or
- Verification from your employer that indicates your use of the employer's gym.

Name of facility: \_\_\_\_\_ Facility employee's signature: \_\_\_\_\_

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions regarding gym reimbursement,  
please call Customer Service at 1-800-444-6222.**