

Gym Reimbursement

Receive reimbursement for visiting the gym.

Stay in shape with Oxford

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, Oxford provides limited reimbursement toward fitness center membership fees.¹ The reimbursement benefit is limited to you and your spouse/domestic partner²; no other dependents are eligible. In order for your spouse/domestic partner² to be eligible for this benefit, he or she must also be enrolled as an Oxford Member.

Selecting 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 will not be reimbursed.

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:

stationary bicycle

treadmill

elliptical crosstrainer

group exercise

squash/tennis/racquetball courts

stepper

rowing machine

walking/running group

pool

How much can I get reimbursed?

For Oxford to reimburse you in accordance with this benefit, the following steps must be taken:

1. Gym visits

You must complete a minimum of 50 visits per six-month period (you must wait until six months has passed even if you complete 50 visits sooner than six months).

2. Reimbursement value

Oxford offers employer groups two reimbursement options, depending on where your company is located:

- Oxford subscribers receive up to a \$200 reimbursement per six-month period; covered spouses/domestic partners² receive up to a \$100 reimbursement per six-month period.¹
- Oxford subscribers receive up to a \$100 reimbursement per six-month period; covered spouses/domestic partners² receive up to a \$50 reimbursement per six-month period.¹

3. Send paperwork

Provide a copy of your gym's current bill, showing the monthly cost of your membership, along with a brochure that outlines the services the facility offers.

4. Fill out form

Fill out the Gym Reimbursement Form on the reverse side. (You may obtain additional forms from your benefits administrator, our web site at www.oxfordhealth.com, or by calling Oxford Customer Service.) Have a facility representative sign the form.

5. Mail form

Submit the Gym Reimbursement Form to the address on the form.

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



A UnitedHealthcare Company

¹ This level of reimbursement is not available to Members of all groups and is not available to Connecticut groups. Check your Certificate of Coverage to determine eligibility for this reimbursement. Oxford subscribers and covered spouses/domestic partners will receive the lesser of their corresponding reimbursement amount or the facility membership fee per six-month period.

² Reimbursement for domestic partners is limited to Members of groups that have purchased domestic partners coverage. Oxford Members and their spouses/domestic partners must be covered Oxford Members for the entire six-month period to receive reimbursement.

Gym Reimbursement Form

To be eligible for reimbursement, you must complete the information below and send the following three items to:

**Oxford Health Plans,
P.O. Box 7082
Bridgeport, CT 06601**

1. This reimbursement form with 50 visits completed within a six-month period.
2. A copy of your facility's bill, showing the monthly cost of your membership.
3. A copy of the facility brochure outlining the services provided.

Your Name: _____

Oxford Member ID Number: _____

Your Address: _____

Date of visit:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

Substitutes for the gym reimbursement form

One of the following pieces of documentation may be used as a substitute for the Gym Reimbursement Form: (Note: Your documentation must include a signature from a facility representative for verification purposes.)

- a photocopy of your fitness program card or your records kept on file at the fitness center. An original signature must appear on the photocopy (photocopied signatures are not valid)
- a computer printout of your visits to the fitness center
- receipts that indicate each time you have visited the fitness center, or
- verification from your employer that indicates your use of the employer's gym

This documentation should be mailed to: Oxford Health Plans, P.O. Box 7082, Bridgeport, CT, 06601-7082, along with your name and/or your spouse's or domestic partner's name, Oxford Member ID number, and current mailing address.

Date of visit:

26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____
41. _____
42. _____
43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____

Name of Facility: _____ Facility Employee Signature: _____

Facility employee signature above constitutes agreement that the facility promotes cardiovascular wellness. False statements will result in a 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: _____