

Gym Reimbursement



Receive reimbursement for
visiting the gym.



Oxford Health Plans®
there is another way.®

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 any other similar facilities will not be reimbursed.

In order 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?

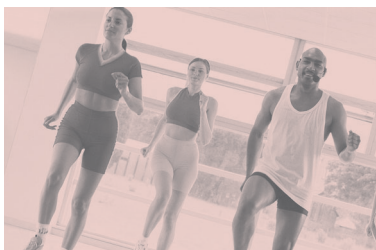
In order for Oxford to reimburse you in accordance with this benefit, the following steps must be taken:

1. Complete

Complete a minimum of 50 visits per six-month period to receive reimbursement. Oxford subscribers receive up to \$100 reimbursement per six-month period; covered spouses receive up to \$50 reimbursement per six-month period.³ (Oxford subscribers will be reimbursed the lesser of \$100 or the facility membership per six-month period; covered spouses will be reimbursed the lesser of \$50 or the facility membership fee.⁴)

2. Provide

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



3. Fill Out

Fill out the Gym Reimbursement Form attached to this brochure. (You may obtain additional forms from your benefits administrator or by calling Oxford Customer Service.) Have a facility representative sign and date the form every time you visit the gym.

4. Submit

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

¹This reimbursement is not available to Members of Connecticut groups, New Jersey small groups, some New York small groups, New York Large Group Freedom Plan Direct or Liberty Plan Direct Members, and New York and New Jersey individual plans. Check your Certificate of Coverage to determine eligibility for this reimbursement.

²Reimbursement for domestic partners is limited to Members of groups that have purchased Domestic Partners coverage.

³These amounts represent the most common level of reimbursement. Some groups may purchase a higher level of reimbursement.

⁴Oxford 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 bill, showing the monthly cost of your membership.
3. A copy of the facility brochure outlining the services they provide.

Your Name: _____

Your Member ID Number: _____

Date of visit:

1. _____
2. _____
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24. _____

Date of visit:

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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:

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):

Photocopy of your fitness program card; or your records kept at the fitness center. An original signature must appear on the photocopy (photocopied signatures are not valid);

Computer printout of your visits to the 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 name, date of birth, and Oxford Member ID number. Please call Member Services at 1-800-444-6222 if you need assistance.

If you have any questions regarding the Gym Reimbursement, please call Member Services at 1-800-444-6222.



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