

New York Essential Plan 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. 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.

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?

You can get reimbursed up to \$400 per plan year. That's \$200 for each six-month enrollment period you attend the gym at least 50 times.

Follow these steps:

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 two things:

- 1)** A copy of your current gym bill, showing the monthly cost of your membership;
- 2)** Proof of payment for each of the six months you are submitting for reimbursement, e.g., a paid receipt from the gym, or bank statements. Be sure to block out any account numbers or personal information not related to your gym payment.

3. Complete the form — Fill out and submit a Gym Reimbursement Form, which is shown on the back side of this page. Remember to provide the dates of your gym visits. They must be 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 online at myuhc.com/CommunityPlan, or by calling Member Services 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 and proof of payment, should be submitted within six months (180 days) to the following address:

**UnitedHealthcare Community Plan
Essential Plan Gym Reimbursement
P.O. Box 1037
New York, NY 10268-1037
Attention: Member Services**

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

New York Essential Plan Gym Reimbursement Form

Member name: _____

Member address: _____

City: _____ State: _____ ZIP code: _____

UnitedHealthcare Essential Plan 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 send one of the following 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 gym: _____ Gym 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 Member Services
at 1-866-265-1893.**

