

Gym Reimbursement

Receive reimbursement for visiting the gym.

Stay in shape

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.¹ The reimbursement benefit is limited to you and your spouse or domestic partner²; no other dependents are eligible. In order for your spouse or domestic partner to be eligible for this benefit, he or she must also be enrolled in an Oxford product.

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?

Depending on your plan, Oxford offers subscribers up to a \$200 reimbursement per six-month period; covered spouses or domestic partners² receive up to a \$100 reimbursement per six-month period.¹

To receive reimbursement for going to the gym, you must take the following steps:

1. Visit the gym – 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. Send paperwork – Provide a copy of your current gym bill, showing the monthly cost of your membership, along with a brochure that outlines the services the facility offers.

3. Complete form – Fill out the Gym Reimbursement Form on the reverse side. You may also obtain additional forms from your benefits administrator, from our web site www.oxfordhealth.com, or by calling Customer Service number on your Oxford ID Card. Please make sure a representative from your gym signs the form.

4. Mail form – Submit the Gym Reimbursement Form to:
Oxford
P.O. Box 7082
Bridgeport, CT 06601

Gym Reimbursement Form

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

Oxford
P.O. Box 7082
Bridgeport, CT 06601

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



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 substitutes

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 gym representative for verification purposes.)

- A photocopy of your fitness program card or your records kept on file at the gym. 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 gym or
- Verification from your employer that indicates your use of the employer's gym

Name of Gym: _____

Gym Representative Signature: _____

The gym representative signature constitutes agreement that the gym facility promotes cardiovascular wellness. False statements will result in a denial of reimbursement. My signature below affirms that all of the information listed is full, complete and true to the best of my knowledge.

Member Name: _____

Oxford ID Number: _____

Member Address: _____

Member Signature: _____

Date: _____



Date of visit:

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Date of visit:

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