

Get money back on your fitness membership

You can get up to \$150 per family, per benefit year for fitness center membership fees and/or exercise classes.

Reimbursement Rules:

- 1 You're eligible for the reimbursement once you've been a member of UnitedHealthcare Freedom Plans and the gym for at least 4 consecutive months in the applicable benefit year
- 2 The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The reimbursement does not include martial arts centers, gymnastics centers, country clubs, or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at home exercise machines.
- **3** Exercise classes include, but are not limited to: Pilates, Zumba, yoga, aerobics, and kickboxing. Classes held in a residential setting or dance classes are not included.



United Healthcare

Products underwritten by UnitedHealthcare Freedom Insurance Company.

In this document, the term "member" refers to the UnitedHealthcare plan subscriber of a fully insured UnitedHealthcare medical plan, as well as the subscriber's covered spouse or domestic partner. For the spouse or domestic partner to be eligible for this benefit, they must also be enrolled in the UnitedHealthcare product.

To be eligible for reimbursement under the program, the qualifying facility, class or organized group fitness class that you choose must be available to the general public and promote cardiovascular wellness, as determined by us, and have staff supervision. Memberships in tennis clubs, country clubs, social clubs, sports teams, weight loss clinics or spas or any other similar organizations, leagues or facilities will not be reimbursed. You will not be reimbursed for lessons, equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages). Physical and rehabilitative therapies do not apply.

This is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you.

If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program.

The total annual reward amount for your participation in incentive-based programs cannot generally exceed 30% of the cost of coverage.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free phone number listed on your UnitedHealthcare health plan ID card, Monday through Friday, 8 a.m. to 6 p.m., ET. TTY users, dial 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación

B2C El21680751A.0 6/22 © 2022 United HealthCare Services, Inc. All Rights Reserved. 22-1601790

Member fitness reimbursement form

You must complete all fields. Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form. To qualify for the fitness reimbursement, you must complete 4 consecutive months of membership with UnitedHealthcare Freedom Plans and 4 months with the gym in the applicable benefit year.

You will have 12 months from the date you paid your fitness club fees to submit your request for the fitness reimbursement. The reimbursement applies one time per family, one time per benefit year. The reimbursement is paid to the subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt. This form can be submitted multiple times until full reimbursement is met.

Member Information		
Name (Last, First, Middle Initial):		
Date of Birth://		
Member ID Number	Grou	ıp ID Number
Fitness Center Information		
Fitness Club Name:		
		Telephone:
Year(s) of fitness club membership:		Amount Paid:
	Benefit Year 2:	Amount Paid:
Group Exercise Class Infor	mation	
-		
	Telephone:	
Year(s) of group exercise class(es):	Benefit Year 1:	Amount Paid:
	Benefit Year 2:	Amount Paid:
Payment Information		
Please include one of the following for	orms of proof of payment wit	h this form:
An itemized receipt from the fitness amounts paid	s club and/or group exercise	e class, showing the dates of membership and dollar
A credit card statement or receipt i	ndicating fitness club and/c	r group exercise class payment
A statement from the fitness club's was made	and/or group exercise class	s' letterhead, with an authorized signature, indicating payment
Signature Required		
indicated above. I acknowledge that i and I may be subject to criminal and/	f any information on this for or civil penalties for false he tional information it deems i	ervices were received and paid for in the amount requested as m is misleading or fraudulent, my coverage may be canceled ealth care claims. I also understand that UnitedHealthcare necessary to verify that services were received and payment considered taxable income.
Member Signature:		Date:

Please submit this form and all documentation:

Mail to:

UnitedHealthcare Fitness Reimbursement P.O. Box 31394 Salt Lake City, UT 84131

If you are unable to meet the reimbursement requirements of this program, you might be able to earn the same reward in a different way. Call us at the toll-free phone number on your health plan ID card. We'll work with you and, if necessary, your doctor, to find another way for you to earn the same reward.