Dartmouth-Hitchcock Medical Plan

Fitness Benefit

Your health care plan includes a fitness benefit that can save you or your family money this year. Please refer to the following benefit outline to learn more about each program.

Benefit Details

You can receive up to $200 per plan year toward qualified health club membership fees. This benefit can be claimed after belonging to a health club and attending twice a week for 11 out of 13 consecutive weeks in the plan year. You cannot receive the fitness benefit for any aerobic/fitness activity fees—including those paid for personal training, lessons, coaching exercise equipment, or clothing—paid to a non-qualified health club.

Qualifying Health Clubs

Qualifying clubs include those with a variety of cardiovascular and strength-training exercise equipment, such as traditional health clubs and Ys.

Non-qualifying Health Clubs

- Martial arts centers
- Gymnastics facilities
- Country or social clubs
- Tennis, aerobic, or pool-only facilities
- Sports teams or leagues

How do I receive my benefit?

Submit to Health Plans:

- Your completed Fitness Reimbursement Form (attached). Please note that the fitness incentives are one per member (age 14 and older), per plan.
- Copies of your health club agreement and/or contract that include the name and address of the facility and the membership dates.
- 8.5” x 11” photocopies of your dated, paid receipts. Copies of bank or credit card statements are acceptable if your fees are automatically deducted from those accounts. Receipts should include the name of the member and the charges associated with membership.

If you have any questions, please call Health Plans Customer Service at 866-471-5550.

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Dartmouth-Hitchcock
Fitness Reimbursement Form

Group Number: **0011DH**

What types of health clubs qualify under this benefit?

- A qualified, full-service health and fitness club with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness;
- Examples of facilities/programs that DO NOT qualify for reimbursement include: Martial arts centers, gymnastic facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

When to submit this form:

- Please refer to your Plan Document or your Summary of Medical Benefits for specific details concerning this benefit, including limits and/or restrictions, under your plan.
- Once all sections have been completely filled out and signed by the employee, please mail completed form with all necessary documentation (copies of receipts and health club membership agreement) to the address below.

To Be Completed by Employee

Employee Last Name	*First Name*	*MI*	*Health Plans Member ID #*	*Date of Birth*

Mailing Address	*City*	*ST*	*ZIP Code*	*Home Phone*	*Email Address*

Member/Dependent Information

Reimbursement is requested for the following participant *(please check)*: ☐ **Employee** ☐ **Spouse** ☐ **Child**

If reimbursement is requested for a participant other than the employee, please provide the dependent information below:

Last Name	*First Name*	*MI*	*Gender*	*Date of Birth*	*Relationship*

Health Club Information

Please list the health club that you are claiming for reimbursement. Member must be age 14 or older and is required to attend the health/fitness club twice a week for 11 out of 13 consecutive weeks.

Dates Attended: From: MM/DD/YYYY To: MM/DD/YYYY	**Fitness Club Name**	**Address, City & State**	**Phone Number** *(including Area Code)*	**$ Amount Claimed**
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I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Signature: _____ _____
Signature of Employee *Date Signed*

Signature: _____ _____
Signature of Health/Fitness Club Representative *Date Signed*

Submit the completed form, copy of your health club membership agreement, and receipts to:

Health Plans, Inc., P.O. Box 5199, Westborough, MA 01581