

# Oxford<sup>®</sup> Sweat Equity Program



## The only thing better than getting in shape is getting rewarded for it.

### We listened.

It's our goal to help people live healthier lives. Making exercise a part of your daily or weekly routine can be one of the most important steps you take toward being the healthiest "you." To better help you<sup>1</sup> on your way, we've expanded our standard gym reimbursement program.

The new Oxford Sweat Equity Program was developed with your lifestyle in mind. You wanted more exercises to choose from and a program with more flexibility. The new program offers you more types of qualifying exercises and the option to combine your fitness facility visits with your physical fitness classes to more easily reach the required 50 "workouts" in a six-month period.

### The new Sweat Equity program is even better.

Eligible Oxford plan members<sup>1</sup> can get reimbursed up to \$200 in a six-month period. That's right; we will send you \$200 for every six-month period that you are in the program, provided you meet the required goals and submit a completed reimbursement form.

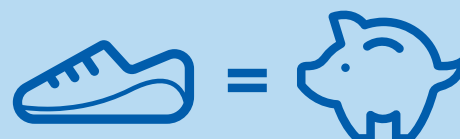
You can apply for reimbursement under the program as long as you:

- Are an active member of an eligible Oxford health plan.
- Have gone to the gym and/or exercise classes 50 times in six months.

Your reimbursement period begins on the date of your first fitness facility visit or class and ends after you have completed 50 visits, 50 classes, or a mix of visits and classes that add up to 50. The reimbursement period ends six months from your first visit. You can start a new reimbursement period one day after your other reimbursement period ends.

### To get started, choose a gym or sign up for fitness classes.

Decide on a cardio (aerobic) workout that you'll enjoy and find a facility with the equipment or classes that promote cardiovascular wellness.<sup>3</sup> To get reimbursed, the facility and classes you choose must be open to the general public. Remember to check with your doctor before you start exercising or increasing your activity level.



## So many ways to get fit—and get rewarded.

### Examples of qualifying fitness facilities and classes:

- Aerobics
- Boot camps
- Boxing/Kickboxing
- CrossFit
- Indoor rock climbing
- Martial arts
- Personal training
- Pilates
- Pure Barre
- Standard gym, including YMCAs and community centers where fitness services are offered
- Swimming
- Tennis/Racquetball
- TRX
- Weight/Resistance
- Yoga
- Zumba<sup>®</sup>

### Examples of cardiovascular equipment:

- Elliptical trainer/Cross-trainer
- Rowing machine
- Stair climber
- Stationary bicycle
- Treadmill

## What we need from you.

After you've completed a total of 50 workouts – either gym visits, classes or a mix of the two – in a six-month period, send us:

1. **Your completed Oxford Sweat Equity Program Reimbursement Form.** Find the form at [oxfordhealth.com](http://oxfordhealth.com) > Members > Tools & Resources > Forms & Materials > Download Forms or ask your benefits administrator for a copy.
2. **Proof of your payment** (e.g., receipt, automatic bank withdrawal statement) for the gym fee, as well as any money you paid for fitness classes, during the six-month period.
3. **Copy of the brochure or flier** that describes the cardio (aerobic) machines at the gym you used or the cardio benefits of the class you took.
4. **Mail these documents to:** Oxford Sweat Equity Program  
P.O. Box 29130  
Hot Springs, AR 71903

**NOTE: These documents must be mailed to us (postmarked) no later than 180 days from the last date of the six-month period for which you are asking for reimbursement. Requests postmarked after this date will not be reimbursed.**

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 (“For Members”) on the back of your health plan ID card and we will work with you and, if necessary, your doctor, to find another way for you to earn the same reward.

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



**If you have questions, please call us at the toll-free phone number (“For Members”) on the back of your health plan ID card.**

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Precertification is required for certain services, as described in your member documents. You may be penalized if you fail to obtain a required precertification.

For Members:	<a href="http://www.oxfordhealth.com">www.oxfordhealth.com</a>	800-444-6222
On-Call Nurseline:		800-201-4911

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For Providers:	<a href="http://www.oxfordhealth.com">www.oxfordhealth.com</a>	800-666-1353
Medical Claim Address:	PO Box 29130, Hot Springs, AR 71903	

shared savings  
MultiPlan

UnitedHealthcare®  
Choice Plus Network  
Available in certain states. See your plan document for details.

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903  
For Pharmacist: 855-816-6615

- 1 For this program, the use of “you” and “member” in communications refers to the Oxford plan subscriber or the subscriber’s covered spouse or domestic partner; no other dependents are eligible. For the subscriber’s spouse or domestic partner to be eligible for this benefit, he or she must also be enrolled in an Oxford product. The program is not available to all Oxford plan subscribers and their spouses or partners, including those affiliated with any Connecticut plan and some New York and New Jersey plans. Refer to your Certificate of Coverage, Summary Plan Description or other governing member document to determine eligibility for this reimbursement and to confirm your plan’s benefit.
- 2 Reimbursement is generally limited to the the lesser of \$200 (subscriber)/\$100 (covered spouse/partner) or the actual amount of the qualifying fitness costs per six-month period, but the reimbursement may vary by plan. Refer to your benefits documents or check with your benefits administrator to find out how much you may be reimbursed. You may submit a request for reimbursement under the program once every six months. Consult with an appropriate tax professional to determine if you have any tax obligations from receiving reimbursement under this program.
- 3 To be eligible for reimbursement under the program, the qualifying facility or classes 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. We will not reimburse you for lessons, equipment, clothing, vitamins or other services that may be offered by the facility (e.g., massages). Reimbursement is limited to actual workout visits. Physical and rehabilitative therapies do not apply.

# Oxford® Sweat Equity Program

## Reimbursement Form

### Please Print

Member name: \_\_\_\_\_ Street address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Oxford member ID number: \_\_\_\_\_

Six-month period program start date: \_\_\_\_\_ Six-month period program end date: \_\_\_\_\_

### Completing and Submitting This Form

**1. Record the 50 fitness facility visits and/or classes that you went to in a six-month period on the chart shown below. (Record only one session per day.)**

- The first date you put on the chart is the beginning of your six-month program period.
- The last date you put on the chart should be on or before the last date of the six-month period that you are asking for reimbursement. Do not include any facility visits or classes after this date.

**Note:** Instead of filling in the dates of your 50 workouts, you can attach to this form one of the following documents:

- A computer printout of your visits to the fitness facility and/or classes completed, including dates and the name of the place.
- Receipts that show the dates of your fitness facility visits and/or classes, with the name of the place.

Your documentation must include signatures from a facility representative or class administrator to prove the use.

**2. Attach proof of payment** (e.g., receipt, payroll deduction, automatic bank withdrawal statement) for the fitness facility fee, as well as any money you paid for fitness classes, during the six-month period.<sup>1</sup>

**3. Enclose a copy of the brochure or flier** that describes the cardio equipment at the facility you used or the cardio benefits of the class you took.

**4. Mail documentation to:**

Oxford Sweat Equity Reimbursement Program  
P.O. Box 29130  
Hot Springs, AR 71903

**Note:** These documents must be mailed to us (postmarked) no later than 180 days from the last date of the six-month period that you are asking to be reimbursed. **Requests postmarked after this date won't be reimbursed.**

**5. Questions?** Please call us at the toll-free phone number ("For Members") on the back of your health plan ID card.

Fitness Facility Visits and Classes (Record only one session per day.)					
Date (mm/dd/yyyy)	Session Type*	Date (mm/dd/yyyy)	Session Type*	Date (mm/dd/yyyy)	Session Type*
1. (six-month start date)	F/C	18.	F/C	35.	F/C
2.	F/C	19.	F/C	36.	F/C
3.	F/C	20.	F/C	37.	F/C
4.	F/C	21.	F/C	38.	F/C
5.	F/C	22.	F/C	39.	F/C
6.	F/C	23.	F/C	40.	F/C
7.	F/C	24.	F/C	41.	F/C
8.	F/C	25.	F/C	42.	F/C
9.	F/C	26.	F/C	43.	F/C
10.	F/C	27.	F/C	44.	F/C
11.	F/C	28.	F/C	45.	F/C
12.	F/C	29.	F/C	46.	F/C
13.	F/C	30.	F/C	47.	F/C
14.	F/C	31.	F/C	48.	F/C
15.	F/C	32.	F/C	49.	F/C
16.	F/C	33.	F/C	50. (six-month end date)	F/C
17.	F/C	34.	F/C		

\*Indicate "F" for Facility/Gym; "C" for Class.

<sup>1</sup> On your proof of payment, please be sure to cross out any personal account ID information that's not needed so it isn't readable.

## Fitness Facility Information

Facility name: \_\_\_\_\_

Facility type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Facility name (if a second facility was used): \_\_\_\_\_

Facility type: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## Fitness Class/Session Information

Names of class(es)/session(s): \_\_\_\_\_

\_\_\_\_\_

## Fitness Center/Instructor Information

Facility employee/Class instructor name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor or other facility employee's signature above shows that the instructor/facility encourages cardio wellness for members.

## Member Verification

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. In New York, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

My signature below confirms that all of the information I have provided on this form and attached is full, complete and true to the best of my knowledge. False statements will result in the denial of reimbursement.

Signature of Sweat Equity member: \_\_\_\_\_ Date: \_\_\_\_\_

## Exclusions and Limitations

- Participation in this program is completely voluntary and at the discretion of the member and his or her physician.
- For this program, the use of "you" and "member" in communications refers to the Oxford plan subscriber or the subscriber's covered spouse or domestic partner; no other covered dependents are eligible. The program is not available to all Oxford plan subscribers and their spouses or partners, including those affiliated with any Connecticut plan and some New York and New Jersey plans.
- Refer to your Certificate of Coverage, Summary Plan Description or other governing member document to determine eligibility for this reimbursement, confirm your plan's benefit and for application deadlines.
- To be eligible for reimbursement under the program, the qualifying facility or classes that you choose must be available to the general public and promote cardiovascular wellness, as determined by us, and have staff supervision.
- You must be an active employee at the time of your application for reimbursement. We will reimburse only those qualified visits or sessions that were completed while you were a member of the Oxford plan. We will not reimburse visits that occurred before your coverage became effective or after your coverage terminates. Partial reimbursements will not be given for fewer than 50 workouts in a six-month period.
- You must hold an active fitness facility or class membership for the facility/class named in the request at the time of your application for reimbursement.
- 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. We will not reimburse you for the purchase of lessons, equipment, clothing, vitamins or other items or services that may be offered by the facility. Reimbursement is limited to actual workout visits. Physical and rehabilitative therapies do not apply.
- Lifetime memberships are not eligible for reimbursement.
- If you paid for a full-year's facility membership or class enrollment in advance, at the end of the first six-month period for which you are applying for reimbursement, submit the receipt along with the required documentation noted above for reimbursement against half of the annual fee that you paid. Repeat this process at the end of your second six-month period for which you made a full-year's payment providing you have met the requirements for another, consecutive reimbursement.
- Complete one form per member, for each six-month period for which you are applying for reimbursement.
- If any information is missing from this form, incorrect or cannot be substantiated, the application for reimbursement will be delayed or denied.
- Any information we collect in conjunction with this program is kept confidential according to HIPAA requirements and is separate from and has no effect on a member's medical benefits or premium.

You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving reimbursement under this program. Use one form per subscriber/subscriber's covered spouse/domestic partner.