



## Essential Plan Exercise Reimbursement

Regular physical exercise is essential for good health. But have you ever felt that beginning and maintaining an exercise program isn't as easy as it sounds? Affinity by Molina Healthcare wants our members to be happy and healthy. That is why Affinity by Molina Healthcare wants to motivate you to take the first step to a healthier lifestyle. To help you reach your goals, we will provide reimbursement towards your gym membership fees. You can get reimbursed for going to the gym and participating in the exercise program that is right for you!

**Join a fitness center or gym.** To be eligible to receive reimbursement, choose a fitness center or gym that maintains at least two pieces of equipment or programs that promote cardiovascular wellness. Some examples of eligible equipment and programs are listed below:

Treadmill	Step Machine/climber	Stationary bicycle	Group Exercise classes
Yoga	Rowing machine	Tennis/racquetball courts	Elliptical cross-trainer
Walking or running groups	Pilates	Spinning	

\*Memberships in sports clubs, country clubs, weight loss clinics, spas or other similar facilities are not eligible.

**How much will I be reimbursed?** You can get reimbursed up to \$200 per six-month period if you have completed 50 visits.

### Complete the following steps to a healthier YOU!

**Step 1:** You must visit the gym 50 times within a six-month period. You may request reimbursement at the end of the six-month period. Reimbursements will only be issued after a six-month period, even if 50 visits are completed sooner.

#### Step 2:

- Save a copy of your membership bill that identifies you as the member, with the cost of your paid membership for the prior 6 months.
- Include receipts, credit card or bank statements as proof of payment.

**Step 3:** Fill out the attached Exercise Reimbursement Form with the dates of your gym visits and a signature from a gym representative. All 50 visits must be completed within one six-month period to be eligible for reimbursement. **Important:** The form must be completed in its entirety to avoid delays in processing your claim.

**Step 4:** The Exercise Reimbursement Form, current membership bill, proof of payment and a copy of the gym's brochure must be submitted within 120 days of the end of the 6-month period. You can submit to:

#### Affinity by Molina Healthcare

c/o Exercise Reimbursement  
1776 Eastchester Road  
Bronx, NY 10461

For more updates and information, Log in to [www.AffinityPlan.com](http://www.AffinityPlan.com)

Need an additional reimbursement form? Visit [www.AffinityPlan.com](http://www.AffinityPlan.com) to download a copy or call Member Services at (800) 223-7242, TTY: 711.



## Essential Plan Exercise Reimbursement Form

Member Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Six-month period requested: Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

### Dates of 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. _____	

You may elect to provide an alternate form of documentation. Alternate forms of documentation are listed below and must include a signature from a facility employee:

- Printout of all 50 visits to the facility
- Receipts indicating each visit to the facility

Name of Gym/Facility: \_\_\_\_\_

Facility employee's signature: \_\_\_\_\_

Member signature: \_\_\_\_\_

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