



ATRIO Health Plans Fitness Benefit

About the Fitness Benefit

The Fitness Benefit is available only on specific plans. Refer to the “Medical Benefits Chart” found in Chapter 4 of your Evidence of Coverage to determine if your plan provides coverage.

The Fitness Benefit is to encourage members to lead an active and healthy lifestyle. This is strictly a member reimbursement benefit, we do not have reimbursement arrangements directly with fitness facilities. The reimbursement design allows members to use the community fitness center of their choice that meets our criteria for reimbursement up to your plan maximum benefit.

Eligible fitness facility criteria

In order for a fitness facility to be considered for reimbursement under this benefit, the following criteria must be met:

- The fitness facility is open to the general public and exists primarily to provide facilities, equipment and resources to members for the purpose of maintaining or increasing physical activity and fitness in an individualized/self-directed manner.
- The facility cannot mandate fitness classes, training or lessons as a requirement for membership and must provide for the general safety of its membership.

Reimbursement Procedure

Members must first pay out-of-pocket for their membership fees and then complete and submit a Reimbursement Form (see page 2) and documentation of payment. If you have prepaid your membership dues, we will only reimburse you for current or previous months. ATRIO will reimburse you on a monthly basis or you can choose to submit multiple months at once. Reimbursement form must be received no later than 31 days following the end of the plan year.

Exclusions

The Fitness Benefit does not include reimbursement for:

- Initiation fees, per-use fees or other program fees for items such as classes, lessons, boot camps, contests, diet/meal plans or coaching fees.
- Fitness or activity aids such as computer software, smart phone applications, pedometers, paper based or electronic planners, progress/tracking tools, gaming console fitness/activity software and hardware, clothes or gear.
- Perishables such as food, drinks or fitness supplements.
- In-home activity and equipment such as treadmills, weights, magazine subscriptions, workout/training videos.
- Social or recreational communities and activities such as golf, tennis, fencing, dancing, nature appreciation walks, spa services, etc.
- Other administrative billable items such as locker fees, towel fees, maintenance fees, child-care fees, application processing fees, late payment fees, guest fees or trial use fees.



ATRIO Health Plans Fitness Benefit Reimbursement Form

Instructions

1. Complete this form. Please submit only one form per member. If two members are on one receipt, please attach the same receipt to separate forms, and you **must make sure your receipt clearly indicates which charges belong to each person.**
2. If you have a membership for more than yourself, your fitness facility must document the facility's single-person membership fee to be considered for reimbursement. ATRIO will only reimburse up to the single-membership fee.
3. Attach proof of payment or receipt.
4. Reimbursement form must be received no later than 31 days following the end of the plan year.
5. Send reimbursement form and documentation of payment to:

Mail ATRIO Health Plans Attn: Gym Reimbursements 338 Jericho Turnpike #135 Syosset, NY 11791	Fax 866-298-8412 Email CustomerService@atriohp.com
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Member Information

Member Name:		
Member ID #:		
Phone #:		
Address:		
City:	State:	Zip:

Fitness Facility Information

Name of Fitness Facility:
Total Reimbursement Amount Requested:
Month(s) Reimbursement Requested For:

For questions regarding this benefit, limitations and exclusions please call Customer Service at **1-877-672-8620** (TTY 711), daily from 8:00 a.m. to 8:00 p.m.

Be sure to include appropriate documentation of payment. Incomplete forms submitted without the necessary information and documentation may result in a delay in your reimbursement or may be returned for additional information. Reimbursement form must be received no later than 31 days following the end of the plan year.atriohp.com