



CENTRAL HEALTH MEDICARE PLAN

2021 GYM/FITNESS BENEFIT OVERVIEW

To support your active lifestyle, Central Health Medicare Plan offers reimbursement of up to \$40 per month for qualifying fitness expenses. Unused amounts in a given month do not rollover to subsequent months.

QUALIFYING EXPENSES

Please read this description carefully to understand which expenses qualify for reimbursement through Central Health Medicare Plan.



Gym membership. We can reimburse you for the monthly cost of your single-person gym membership, as long as the gym is, “standalone” meaning the primary purpose of the facility is to provide exercise equipment. If an additional member is added to the contract, the cost for each member is the total charges of the account divided by the total number of members that are covered under the account, unless charges are otherwise stated in the contract. Other membership-based facilities such as spas, golf clubs, or country clubs do not qualify for reimbursement, even if the facility includes gym access. Gym membership must include an orientation to the facility and equipment.

- Submit your reimbursement request with a copy of your gym membership agreement (e.g., contract) and proof of payment.

General Access to Public Sports Facilities. If you visit a public sports facility such as a swimming pool, tennis court, we can reimburse your general access fees. For golf courses, we only cover driving range and green fees. The facility must be open to the public (no private clubs including private golf clubs or country clubs and no private residences).

- Submit your reimbursement request with a copy of your itemized receipt. If your receipt does not include a clear description of the facility used and expenses incurred, include a statement or business card from the facility and a copy of the facility’s fee schedule.

Group Fitness classes. You can take group exercise classes (e.g., dance, tai chi, yoga) that include formal instruction by a qualified instructor. No personal training or private lessons.

- Submit your reimbursement request with a copy of your application or registration paperwork, registration confirmation, and proof of payment. Your paperwork should include a description of the class, the instructor, and the schedule.

All requests are subject to plan approval. We do not reimburse for initiation or registration fees, prorated fees, annual fees, account freeze fees, maintenance fees and any miscellaneous fees or other penalties, equipment purchase or rental, any activities that take place in a private residence or private club (including private golf / country clubs), food / supplements, any type of personal / private training or lessons, player’s club or other discount membership and walking or guided tour activities. Any membership that includes benefits that are not fitness related (such as discounts for merchandise) will not be covered.

HOW TO REQUEST REIMBURSEMENT

Step 1: Review the Evidence of Coverage and the description in this overview to see if your fitness expense qualifies for reimbursement. If you have any questions, please contact Member Services.

Step 2: Prepare your reimbursement request by making copies of the required paperwork. Please include a fax cover sheet or note that includes your full name and member ID #. The name on your paperwork and proof of payment should match the member name in our records.

Step 3: Send us your request. You can send your request to us via fax, regular mail, or e-mail.

FAX: 1-626-388-2361

MAIL: Central Health Medicare Plan
Attn: Member Services / Fitness Benefit
1540 Bridgegate Drive
Diamond Bar, CA 91765

EMAIL: fitness@centralhealthplan.com

Step 4: We will process your request and send you a decision letter within 60 days from the date the request is received. In some cases, we may need additional documentation from you or from the gym/facility/instructor to determine whether your expense qualifies for reimbursement. If we deny your request for reimbursement, we will send you a letter explaining why we denied your request and provide instructions for next steps.

PLEASE NOTE



You must submit your reimbursement request to us within 12 months of the date you accessed the benefit. For monthly gym membership, the date you accessed the benefit is the first day of each month of membership. For sports facilities and classes, the date you accessed the benefit is the date you used the facility or the date the class took place.



You are responsible for understanding and complying with the terms and conditions of any gym / facility / classes you participate in. All gyms / facilities / instructors must be operating lawfully and in compliance with state and local regulations in order for your expenses to qualify. You must pay your expenses out-of-pocket before requesting reimbursement (we cannot pay on your behalf).



Reimbursement is processed on a monthly basis and contingent on current membership. If you disenroll from Central Health Medicare Plan (either voluntarily or involuntarily), we are not responsible for any fees/costs you incur after your disenrollment.



If you pre-pay for your fitness costs (e.g., 12 month gym membership), you only need to submit the required paperwork to us once. We will pro-rate your payment on a monthly basis and process your reimbursement request each month as if you had submitted a recurring request on the first day of each month following the first month.



If we process your reimbursement and later determine that your request was invalid or involved fraud or misrepresentation, you are required to repay the amount you received. If we identify fraudulent or inappropriate activity with a specific gym / facility / class, we reserve the right to refuse or restrict future reimbursement requests related to the same entity. You may contact Member Services for a list of these entities.

Questions? Call Member Services toll-free at 1-866-314-2427, TTY users should call 711, 7 days a week, from 8:00 AM – 8:00 PM (PT).