✓ MetroPlus**Health**

Gold Wellness Benefit Reimbursement Form

As a MetroPlusHealth member, we want to help you stay healthy.

MetroPlusHealth may reimburse you up to $300 per year to help you pay for your wellness and fitness applications (apps).

Single Basic Plan: $150 per subscriber every six months.
Family Basic Plan: $100 per subscriber; $50 for qualifying spouse every six months.

If allocated portion of reimbursement is not utilized by spouse or the family plan consists of subscriber and children only, subscriber may utilize entire reimbursement amount of $150 every six months.

Which Wellness and Fitness Apps can be used? Apps are exclusively limited to the list below (there are no exceptions, additions, or modifications):

- Calm
- CitiBike
- HeadSpace
- Lifesum
- MyFitnessPal
- Noom
- One Peleton
- Sleep Cycle
- Strava
- WW (Weight Watchers)

Exclusions: The following are **not covered by MetroPlusHealth** as part of your Plan's Wellness Benefit program:

- The cost of food, beverages, supplements, vitamins or other items associated with the App, including books, scales, exercise equipment, one-time initiation and / or termination fees.

- The reimbursement is limited to membership fee.

- Subscriber and their Spouse are limited to the use of two Apps each per 6-month reimbursement period, not to exceed the maximum amount of $150 reimbursement per household.

For a full list of exclusions, please review your Certificate of Coverage.

How do I become eligible? In order to be eligible, you must be an active member of the Wellness App. Your membership with MetroPlusHealth must be current at time of submission.

How do I obtain the reimbursement? Reimbursement must be requested within 120 days of the end of the six (6)-month period. Reimbursement will be issued only after you have completed each six (6)-month period.

- Proof of payment for a qualifying Wellness / Fitness App for a consecutive 6-month period must be included with the reimbursement form.

- Submit proof of payment. Acceptable proof includes: Payment receipts (must have the same name as the Wellness / Fitness App), credit card statements, printout on Wellness / Fitness App's letterhead detailing payments.

- Submit all required documentation no later than 120 days from the claim period end date.

- **Email or mail your form to MetroPlusHealth at:**

MetroPlusHealth
Att: Customer Services Department
50 Water Street, 7th Fl.
New York, NY 10004

EMAIL: mph_reimbursements@metroplus.org

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Important: Please complete the form in its entirety or the processing of your claim may be delayed or denied. Any missing documentation must be submitted within 30 days of notice. Please complete one form (per member) for each six month period for which you are submitting a claim. Note: This may be a taxable benefit. Please check with your accountant. If you have any questions, please call our exclusive line for Gold Members at 1.877.475.3795 (TTY: 711).

PLEASE PRINT.			
MetroPlusHealth ID Number:	Last Name:	First Name:	Middle Initial:

Address (Number, Street, Apt. #):	City:	State:	Zip Code:

Six-Month Period Requested (mm/dd/yyyy — mm/dd/yyyy):	to

ACCOUNT HOLDER INFORMATION:			
ID Number:	Last Name:	First Name:	Middle Initial:

WELLNESS / FITNESS APP INFORMATION:
Wellness / Fitness App's Name:

Wellness / Fitness App's Phone Number (xxx) xxx-xxxx:	Amount Being Claimed:
	$

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Member's Signature: _____ **Date:** _____

Account Holder's Signature: _____ **Date:** _____
(To be signed if the Member is under age 18)

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the Wellness Benefit reimbursement program.

If you need assistance because you are hearing impaired and / or speech impaired, please call TTY: 711.
Please be advised that oral interpretation and written materials in other languages are available as needed.