

Get rewarded for exercising

With the Oxford® Sweat Equity™ program, you may earn up to \$200 in 6 months for meeting the program exercise requirements.

What it is

It's our goal to help people live healthier lives. Making exercise a part of your routine may be one of the most important steps you take toward being the healthiest "you." To help you on your way, we've created the Sweat Equity physical fitness reimbursement program.

The program offers a variety of exercises to choose from and the option to combine your fitness facility visits with your physical fitness classes and events to help you reach the required 50 "workouts" in a 6-month period.

Spouses/domestic partners and dependents, ages 13 and older,¹ covered by the Oxford health plan may participate in the Sweat Equity program and may get rewarded—up to \$100 in a 6-month period.²



How it works

Eligible Oxford members* may get reimbursed up to \$200 in a 6-month period.¹

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

- Are an active member of an eligible Oxford plan
- Have gone to the gym and/or exercise classes, as described below, 50 times in 6 months

Your reimbursement period begins on the date of your first fitness facility visit, class or event and ends 6 months later. You can start a new reimbursement period 1 day after your previous reimbursement period ends.

* In this document, the term "member" refers to the Oxford plan subscriber of a fully insured Oxford medical plan or the plan participant of a self-funded plan administered by Oxford, as well as the subscriber's or plan participant's covered spouse or domestic partner and covered dependents ages 13 and older. For the spouse, domestic partner or dependent(s) to be eligible for this benefit, they must also be enrolled in the Oxford product.

So many ways to help you get fit and rewarded

Complete 50 visits, 50 classes, 50 fitness events or a mix of these options that add up to 50 in 6 months.

Examples of qualifying fitness facilities and classes:

- Boxing/kickboxing
- CrossFit
- Indoor rock climbing
- Marathons
- Martial arts
- Personal training
- Pilates
- Standard gym, including YMCAs and community centers where fitness services are offered

Examples of cardiovascular equipment:

- Yoga
- Elliptical trainer/cross-trainer
- Rowing machine
- Stair climber
- Stationary bicycle
- Treadmill

How to get started

Decide on a cardio (aerobic) workout that you'll enjoy and find a facility with the equipment or classes that promote cardiovascular wellness.³ To get reimbursed, the facility, classes or fitness events you choose must be open to the general public. Then, you just need to start moving to start earning.

What we need from you

After you've completed a total of 50 workouts—either gym visits, classes, fitness events or any mix of these options—in a 6-month period, send us:

1. **Your completed Sweat Equity Program Reimbursement form.**
2. **Proof of your payment** (e.g., receipt, automatic bank withdrawal statement) for the gym fee, as well as any money you paid for qualifying fitness classes and organized group fitness events (e.g., marathon), during the 6-month period.
3. **A copy of the brochure or flier or printout of the website page** that describes the cardio (aerobic) machines at the gym you used, the cardio benefits of the class you took or organized group fitness event in which you participated.

Mail these documents to: Oxford Sweat Equity Program, P.O. Box 29130, Hot Springs, AR 71903

- These documents must be mailed to us (postmarked) no later than 180 days from the end of the 6-month period for which you are asking for reimbursement. Requests postmarked after this date will not be reimbursed.
- We cannot accept requests for reimbursement before your 6-month program end date, even if you have completed the required number of qualifying workouts before this date.

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 on 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.

Learn more

Call the phone number on your health plan ID card



¹ Eligible covered dependents' participation effective beginning with the 2020 policy renewal date.

² Reimbursement is generally limited to the lesser of \$200 (subscriber)/\$100 (covered spouse/domestic partner and eligible dependents ages 13 and older) or the actual amount of the qualifying fitness costs per 6-month period, but the reimbursement may vary by plan. For the subscriber's spouse/domestic partner and dependents to be eligible for this benefit, they must also be enrolled in an Oxford product. Refer to your Oxford benefits documents or check with your company benefits administrator to confirm eligibility and find out how much you may be reimbursed. You may submit a request for reimbursement under the program once every 6 months. Requests for reimbursement will not be accepted before your 6-month program end date, even if you have completed the required number of qualifying workouts before this date. Rewards may be taxable. 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, class or organized group fitness event (e.g., marathon) 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. You will not be reimbursed 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.

Sweat Equity is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you.

If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program.

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

Oxford does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free phone number listed on your Oxford health plan ID card, Monday through Friday, 8 a.m. to 6 p.m., ET. TTY users dial 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Administrative services provided by Oxford Health Plans LLC.

Reimbursement form

Please print

Member¹ information

Member First Name:	Member Last Name:	Date of Birth (Month/Day/Year):	
Are you the plan subscriber? (Yes/No):	If no, what is your relationship to the plan subscriber? (e.g., spouse, domestic partner, dependent):		
Are you completing this form for a qualifying eligible minor (member)? (Yes/No):		If yes, provide their First and Last Name:	
Employer/Company Name:		Group Number:	Member ID Number:
Member Street Address:			
City:		State:	ZIP Code:

Sweat Equity program 6-month period

Start Date:	End Date:
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Completing and submitting this form

1. To be completed by, and remittance to be provided to, parental/legal guardian for eligible dependent minors participating in the program.

2. Use 1 form per member. Record the 50 fitness facility visits and/or classes that you completed in a 6-month period on the chart shown below. Record only 1 session per day.

- The first date you put on the chart is the beginning of your 6-month program.
- Your program will end 6 months from this date. Do not make entries for activity after your program end date.
- If you complete 50 qualifying workouts in less than 6 months, please do not submit your reimbursement request early. We cannot accept reimbursement requests before 6 months have passed.
- Instead of filling in the dates of your 50 workouts, you can attach 1 of the following documents to this form:
 - 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, class administrator or event coordinator, as appropriate, to prove participation.

3. 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 and events, during the 6-month period.*

4. Enclose a copy of the brochure, flier or downloaded website content that describes the cardio equipment at the facility you used or the cardio benefits of the class or organized group fitness event in which you participated.

5. Mail documentation to:

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

These documents must be mailed to us (postmarked) no later than 180 days from your program end date.

Requests postmarked after this date won't be reimbursed.

* 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 events, facility visits and classes (Record only 1 session per day)

Date (mm/dd/yyyy)	Session type*	Date (mm/dd/yyyy)	Session type*
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

* Indicate "F" for Facility/Gym; "C" for Class including organized group events (e.g., marathon).

Fitness event, class, session, facility information

Organization Name:	Organization Name (If second one was used):
Organization Type:	Organization Type:
Address:	Address:
City, State, ZIP Code:	City, State, ZIP Code
Telephone Number:	Telephone Number:
Name of Events, Classes, Sessions You Participated In:	

Fitness facility/instructor information

Facility Employee/Class Instructor Name:	Organization Name (If second one was used):
Signature:	Date:

Instructor or other facility employee's signature above constitutes agreement that the instructor/facility promotes 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.* 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:	Date:
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*If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. 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.

Exclusions and limitations

- Sweat Equity is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you.
- For this program, the use of "you" and "member" in communications refers to the Oxford plan subscriber, the subscriber's covered spouse or domestic partner, the subscriber's eligible dependents ages 13 or older, the plan participant of a self-funded plan administered by Oxford or the plan participant's covered spouse/domestic partner and dependents, if eligible. For the subscriber's or plan participant's spouse/domestic partner and dependents to be eligible for this benefit, they must also be enrolled in the Oxford product. The program may not be available to all Oxford plan subscribers, plan participants and their spouses/domestic partners and dependents. Reimbursement is generally limited to the lesser of \$200 (subscriber/plan participant)/\$100 (covered spouse/partner/eligible dependent ages 13 and older) or the actual amount of the qualifying fitness costs per 6-month period, but

the reimbursement may vary by plan. Refer to your Certificate of Coverage, Summary Plan Description or other governing member document to determine eligibility, including your plan's benefit and application deadlines.

- To be eligible for reimbursement under the program, the qualifying facility, class or organized group physical fitness event (e.g., marathon) 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. You may submit an application for reimbursement under the program once every 6 months. We will reimburse only those qualified visits, sessions or events that were completed while you were an Oxford member or participant of a self-funded plan administered by Oxford. We will not reimburse visits, sessions or events 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 6-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 6-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 6-month period for which you made a full-year's payment providing you have met the requirements for another, consecutive reimbursement.
- Complete 1 form per member, for each 6-month period for which you are applying for reimbursement.
- We cannot accept requests for reimbursement before your 6-month program end date, even if you have completed the required number of qualifying workouts before this date.
- If any information is missing from this form, incorrect or cannot be substantiated, the application for reimbursement will be delayed or denied.
- If you are unable to meet the reimbursement requirements of this program, you might be able to earn the same reward a different way. Call us at the toll-free phone number on 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.
- 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.

Learn more

Call the phone number on your health plan ID card



¹On this form, the term "member" refers to the Oxford plan subscriber of a fully insured Oxford medical plan or the plan participant of a self-funded plan administered by Oxford, as well as the subscriber's or plan participant's covered spouse or domestic partner and covered dependents ages 13 and older. For the spouse, domestic partner or dependent(s) to be eligible for this benefit, they must also be enrolled in the Oxford product.

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Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Administrative services provided by Oxford Health Plans LLC.

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