Exercise and get rewarded.

We listened.

It’s a UnitedHealthcare goal to help people live healthier lives. Making exercise a part of your daily or weekly routine may be one of the most important steps you take toward being the healthiest “you.” To better 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 to help you reach the required 50 “workouts” in a six-month period.

Reimbursement for qualifying fitness expenses.

Eligible UnitedHealthcare members can get reimbursed up to $200 in a six-month period. That’s right; we will send you a reimbursement for each six-month period that you are in the program, provided you meet the required goals and submit a completed reimbursement form.

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

• Are an active member of an eligible UnitedHealthcare plan.
• Have gone to the gym and/or exercise classes 50 times in six months.

Your reimbursement period begins on the date of your first fitness facility visit or class and ends six months later, after you have completed 50 visits, 50 classes, or a mix of visits and classes that add up to 50. You can start a new reimbursement period one day after your other reimbursement period ends. If you complete 50 qualifying workouts in less than six-months, please do not submit your reimbursement request early. We cannot accept reimbursement requests before six-months have passed.

To get started, choose a gym or sign up for fitness classes.

Decide on a cardio (aerobic) workout that you’ll enjoy and find a facility with the equipment or classes that promote cardiovascular wellness. To get reimbursed, the facility and classes you choose must be open to the general public. Remember to check with your doctor before you start exercising or increasing your activity level.
What we need from you.

After you’ve completed a total of 50 workouts – either gym visits, classes or a mix of the two – in a six-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 six-month period.
3. Copy of the brochure or flier that describes the cardio (aerobic) machines at the gym you used or the cardio benefits of the class you took or organized group fitness event in which you participated.
4. Mail these documents to: UnitedHealthcare Sweat Equity Reimbursement Program P.O. Box 740806 Atlanta, GA 30374

   • These documents must be mailed to us (postmarked) no later than 180 days from the last date of the six-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 six-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.

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

If you have questions, please call us at the toll-free phone number on your health plan ID card.

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1 For this program, the use of “you” and “member” in communications refers to the UnitedHealthcare plan subscriber or the subscriber’s covered spouse or domestic partner; no other dependents are eligible. For the subscriber’s spouse or domestic partner to be eligible for this benefit, he or she must also be enrolled in a UnitedHealthcare product. The program may not be available to all UnitedHealthcare plan subscribers and their spouses or partners. Refer to your Certificate of Coverage, Summary Plan Description or other governing member document to determine eligibility for the program and to confirm your plan’s benefit.

2 Reimbursement is generally limited to the lesser of $200 (subscriber)/$100 (covered spouse/partner) or the actual amount of the qualifying fitness costs per six-month period, but the reimbursement may vary by plan. Refer to your benefits documents or check with your benefits administrator to find out how much you may be reimbursed. You may submit a request for reimbursement under the program once every six months. We cannot accept requests for reimbursement before your six-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. We will not reimburse you 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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, 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 health plan ID card Monday through Friday, 8 a.m. to 6 p.m. ET TTY users can dial 711.

ATENCION: 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.

운용정보: 한국어(Korean)를 사용하시는 경우 언어支援 서비스를 무료로 이용하시실 수 있습니다. 귀하의 신분증 가드에 기재된 무료 화자 전화번호로 문의하십시오.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

MT-1172879.1   4/18 ©2018 UnitedHealthcare Services, Inc. 18-8938-A NY-17-577 R1