

Essential Plan exercise reimbursement

Regular physical exercise is essential for good health. But have you ever felt that beginning and maintaining an exercise program isn't as easy as it sounds? Molina Healthcare wants our members to be happy and healthy. That is why Molina wants to motivate you to take the first step to a healthier lifestyle. To help you reach your goals, Molina will provide reimbursement towards your gym membership fees. You can get reimbursed for going to the gym and participating in the exercise program that is right for you!

Join a fitness center or gym. To be eligible to receive reimbursement, choose a fitness center or gym that maintains at least two pieces of equipment or programs that promote cardiovascular wellness. Some examples of eligible equipment and programs are listed below:

Treadmill	Step Machine/climber	Stationary bicycle	Group Exercise classes
Yoga	Rowing machine	Tennis/racquetball courts	Elliptical cross-trainer
Walking or running groups	Pilates	Spinning	

*Memberships in sports clubs, country clubs, weight loss clinics, spas or other similar facilities are not eligible.

How much will I be reimbursed? You can get reimbursed up to \$200 per six-month period if you have completed 50 visits.

Complete the following steps to a healthier YOU!

Step 1: You must visit the gym 50 times within a six-month period. You may request reimbursement at the end of the six-month period. Reimbursements will only be issued after a six-month period, even if 50 visits are completed sooner.

Step 2:

- Save a copy of your membership bill that identifies you as the member, with the cost of your paid membership for the prior 6 months.
- Include receipts, credit card or bank statements as proof of payment.

Step 3: Fill out the attached exercise reimbursement form with the dates of your gym visits and a signature from a gym representative. All 50 visits must be completed within one six-month period to be eligible for reimbursement. **Important:** The form must be completed in its entirety to avoid delays in processing your claim.

Step 4: The exercise reimbursement form, current membership bill, proof of payment and a copy of the gym's brochure must be submitted within 120 days of the end of the 6-month period. You can submit to:

Molina Healthcare of New York, Inc.
c/o Exercise Reimbursement
2900 Exterior Street
Suite 202
Bronx, NY 10463

For more updates and information, Log in to [MyMolina.com](https://www.mymolina.com).

Need an additional reimbursement form? Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to download a copy or call Member Services at **(800) 223-7242 (TTY: 711)**.

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Member name: _____

Member address: _____

City: _____ State: _____ Zip: _____

Molina Healthcare member ID number: _____ Date of birth: _____

Six-month period requested: Begin date: _____ End date: _____

Dates of 50 gym visits:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 18. _____ | 35. _____ |
| 2. _____ | 19. _____ | 36. _____ |
| 3. _____ | 20. _____ | 37. _____ |
| 4. _____ | 21. _____ | 38. _____ |
| 5. _____ | 22. _____ | 39. _____ |
| 6. _____ | 23. _____ | 40. _____ |
| 7. _____ | 24. _____ | 41. _____ |
| 8. _____ | 25. _____ | 42. _____ |
| 9. _____ | 26. _____ | 43. _____ |
| 10. _____ | 27. _____ | 44. _____ |
| 11. _____ | 28. _____ | 45. _____ |
| 12. _____ | 29. _____ | 46. _____ |
| 13. _____ | 30. _____ | 47. _____ |
| 14. _____ | 31. _____ | 48. _____ |
| 15. _____ | 32. _____ | 49. _____ |
| 16. _____ | 33. _____ | 50. _____ |
| 17. _____ | 34. _____ | |

You may elect to provide an alternate form of documentation. Alternate forms of documentation are listed below and must include a signature from a facility employee:

- Printout of all 50 visits to the facility
- Receipts indicating each visit to the facility

Name of gym/facility: _____

Facility employee's signature: _____

Member signature: _____ Date: _____