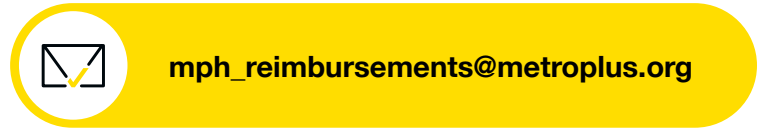


Gold wellness app reimbursement form

Submit form and proof of payment to:

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



Member information

MetroPlusHealth ID number	Last name	First name	Middle initial
Address (number, street, apt.)	City	State	ZIP code
Claim period requested (mm/dd/yyyy – mm/dd/yyyy)	to		

Subscriber information (if different from above)

ID number	Last name	First name	Middle initial

Wellness/fitness app information

Reimbursement is limited to no more than the use of two apps each per six-month reimbursement period, not to exceed the maximum amount per household.

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

Wellness/fitness app's website	Amount being claimed
	\$
	\$

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

Member's signature: _____ Date: _____

Any alteration or falsification of information will result in disqualification from the reimbursement program. To avoid delays or denial, please complete all sections of the form, use one form per member for each six month claim period. Please note that this benefit may be taxable. If you have questions, call the Gold Member line at **877.475.3795 (TTY: 711)**. Language assistance is available.

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
- Equinox+
- Noom
- One Peleton
- Sleep Cycle
- Strava
- WW (Weight Watchers)
- ClassPass

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 reimbursement?

For monthly memberships, you must complete six consecutive months before submitting a claim. Annual memberships are reimbursed once per plan year, up to the limit. Reimbursement is issued within 30 days of receiving complete documentation.

Submit:

- Reimbursement form
- Proof of payment
- Within 120 days after the claim period ends

For a complete list of exclusions and full details, refer to your Certificate of Coverage at metroplus.org.

Submit your completed form and documentation by email or mail:

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



mph_reimbursements@metroplus.org