MASSACHUSETTS

Fitness Reimbursement

Wellness Participation Program

Your Blue Cross Blue Shield of Massachusetts health plan can save you up to $150[1] annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed[2]

1.

Choose

Start by picking a qualified health club.

2.

Complete

Once you pay for the program, fill out the attached form.

3.

Mail

Send the completed form to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.
  Proof of payment includes the following:
  - Itemized, dated, paid receipts from your health club
  - Bank or credit card statements
  - Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

A qualified health club is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:

- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Be sure to talk with your doctor before starting an exercise program.

1. Most plans offer a $150 Fitness Reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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Fitness Reimbursement Form[3]

To verify this reimbursement is within your plan, log in to Member Central at **www.bluecrossma.com/membercentral** or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) | Subscriber's Last Name | First Name | Middle Initial

Address—Number and Street | City | State | Zip Code

Employer's Name

Member and Claim Information

Member's Last Name | First Name | Middle Initial | Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) | City | State | Zip Code

Gender
- ☐ Male
- ☐ Female

Claim is for (check one):
- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify) _____

Name, Address, and Phone Number of Qualified Health Club

I am due $_____ for the following reimbursement (check one):

☐ Membership at a qualified health club. My monthly fee is $_____.

☐ Fitness classes at a qualified health club.
My fee per class is $_____.

Health Plan Year

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or
Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at **www.bluecrossma.com/membercentral** or call Member Service at the number on the front of your ID card.

Please complete and mail this form to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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147578M 55-0773 (4/15)

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Print Form