



Your HP Hood® health plan through Blue Cross Blue Shield of Massachusetts comes with a healthy incentive—the Fitness and Weight-Loss Reimbursement.

It can save your family up to \$350 per calendar year.<sup>1</sup>

## What qualifies for fitness reimbursement?

### Fees you pay for:

- A full-service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- A wearable fitness tracker like Fitbit® or Garmin®
- Fitness equipment like free weights and stationary cardiovascular machinery
- Online classes and subscriptions

### What doesn't qualify?

- One-time initiation or termination fees for club membership
- Personal-trainer sessions and athletic lessons/instruction
- Exercise clothing
- Martial arts centers; gymnastics/pool facilities; tennis and country clubs; social clubs; and sports camps and leagues

## What qualifies for weight-loss reimbursement?

### Fees you pay to participate in:

- WW, formerly Weight Watchers® (in person or online), and hospital-based weight-loss programs
- Other non-hospital programs (in person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists

### What doesn't qualify?

- One-time initiation or termination fees
- Programs that don't include coaching sessions with a certified health professional
- Food, supplements, books, or scales
- Services that are covered benefits under your medical plan (like individual nutritional counseling sessions, doctor/nurse visits, and lab tests)

## Two Easy Ways to Get Reimbursed

Start by picking a qualified program. Once you pay for the program, you can either:



### Submit Online

Sign in to your MyBlue account, then go to [member.bluecrossma.com/fitness-and-weightloss](https://member.bluecrossma.com/fitness-and-weightloss) to fill out and submit the form with your proof of payment.



### Mail the attached Request form

Fill out the attached form, then send the completed form with your proof of payment to the address listed.

1. You can be reimbursed for one or more programs.

## Important Information:

- This reimbursement is available to any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Proof of payment must be submitted with your request. Proof of payment includes:
  - » Receipts (cash/check/credit/electronic) clearly documenting your name, the qualified program name, and individual amounts charged with the date paid.
  - » Your program membership or participation agreement, clearly documenting your name and the date signed.
- Reimbursement may be considered taxable income, so consult a tax advisor.

**Be sure to check with your doctor before starting any fitness or weight-loss program.**



# Fitness and Weight-Loss Reimbursement

PLEASE PRINT ALL INFORMATION CLEARLY

To verify that this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at [bluecrossma.com/myblue](http://bluecrossma.com/myblue) or call the Member Service number on your ID card. All fitness and weight-loss reimbursement requests must be submitted by March 31 of the following year.

## Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
Employer's Name: <b>HP Hood LLC (4831408)</b>			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness or Weight-Loss Program			
Total amount requested: \$ _____			Calendar Year
Proof of payment required. Number of Receipt Copies Attached _____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

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

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 Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness or weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Complete this form and mail it to:

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

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.  
 ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).  
 ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).