

WELLNESS REIMBURSEMENT BENEFIT

(Formerly Fitness Plus) Administered by HealthEquity
ELIGIBILITY & INSTRUCTIONS

YOU ARE ELIGIBLE FOR THE WELLNESS REIMBURSEMENT OF UP TO \$300* PER CALENDAR YEAR IF YOU:

- Are a regular BCBSMA associate scheduled to work 15 or more hours per week,
- Have been employed for at least 90 days (**purchase must be made after 90 days of employment**), and
- Are employed at the time of the scheduled payout.

The following expenses are eligible for the Wellness reimbursement:

- **Health Club or Fitness Facility Membership**
- **Fitness Classes** (including virtual)
- **Fitness Equipment**
 - Treadmills
 - Stationary cycles
 - Bike stands (to convert road bikes to stationary cycles)
 - Stair climbing machines
 - Elliptical machines
 - Rowing machines
 - Cross-country ski machines
 - Total body weight resistance machines
 - Activity tracking devices like Fitbit and Garmin. Devices must be compatible with the Wellness Rewards Program.
 - Free Weights

NEW FOR 2023

- **Biking Expenses**
 - Bike rental, purchase, repairs, parts or accessories
- **Registration fees**
 - 5k races, sports leagues
- **Sports activity fees**
 - rock climbing, tennis, skiing, etc.
 - excludes country clubs
- **Nutritional classes or counseling**
 - with Registered Dietitian
- **Ergonomic expenses**
 - Height adjustable or stand up desk
 - Lumbar support chairs
 - Keyboards
 - Wrist support braces
 - Foot hammocks
 - Chair cushions
 - Arm rest
 - Wobble stools
- **Smoking Cessation**

- Therapy
- Nicotine patches
- Chantix
- Nicotine gum
- **Online therapy subscription**
 - Betterhelp, Talkspace, etc.
 - Vendor must utilize licensed mental health professionals
- **Massage therapy**
 - with licensed massage therapist
- **Meditation apps**
 - Calm, Headspace, etc.
- **Community Supported Agriculture (CSA) share**
- **Air purifiers**
 - Must contain HEPA filter (High-efficiency particle air filtration)
 - Refill filters are also eligible

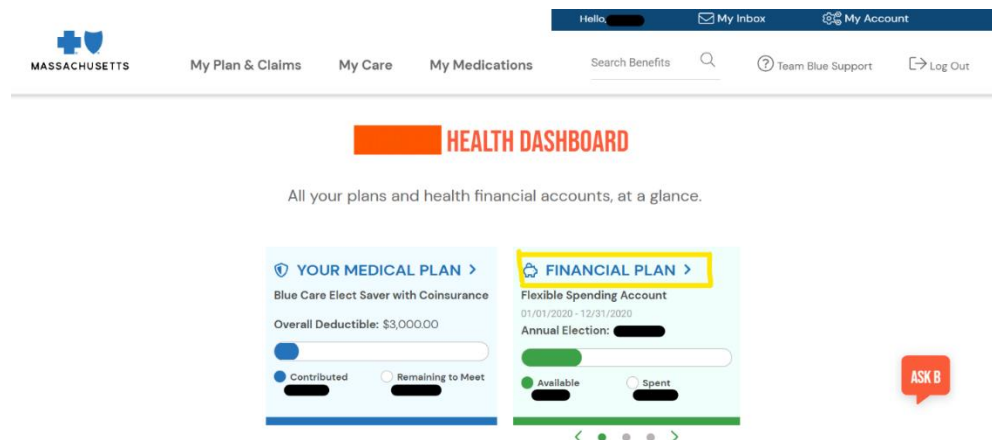
Note that the service provider, amount, description, and date must be printed on your receipt(s).

REGISTRATION & SUBMISSION INSTRUCTIONS

Register for the Fitness Plus program:

- Go to <https://participant.wageworks.com>
- **Click on "Register"**
 - Identify Yourself – ID Code is the last 4 digits of your SSN
 - Accept Policies
 - Enter/Verify contact Information
 - Select Preferences
 - Create Username & Password

Note: For those associates that already have an account with HealthEquity, (HSA, HRA, and/or FSA) once you have followed the steps above, log out and log back in through [MyBlue](#), click on the 'Financial Plan' section that takes you to Health Equity, and you should see a unified dashboard that includes the Wellness Reimbursement benefit along with the HSA, HRA and/or FSA benefits you are enrolled in. If you are not enrolled in an HSA, HRA, or FSA, you will only see the Wellness Reimbursement benefit.



Submitting a claim for reimbursement:

Click "Submit Receipt or Claim" on dashboard

The screenshot shows the 'Wellness Reimbursement' dashboard for a user logged in as 'Blue Cross Blue Shield Of Mass'. The dashboard includes a sidebar with 'SPONSORED ACCOUNTS' (Health Savings Account, 2020 FSA, 2020 HRA, Fitness Plus) and a 'MANAGE ACCOUNT' section. The main content area displays 'Reimburse Me', 'Submit Receipt or Claim', and 'Review Statement' options. A dropdown menu is set to 'Fitness 01/01/21 - 12/31/21'. Below this, two boxes show 'Available this Period: \$300.00' and 'Benefit Amount: \$300.00'. Another box shows 'Use from: 01/01/21 - 12/31/21' and 'Claim by: 03/31/2022'.

Step 1: Enter provider (gym, fitness facility, vendor, etc.) and dates

The screenshot shows the 'Step 1 of 4: Enter Provider and Dates' form. The form includes a 'Provider Name' field with the value 'Planet Fitness' and a 'Maximum 40 characters' note. Below this are 'Start Date' and 'End Date (optional)' fields, both with the value '1/1/21' and '12/31/21' respectively. A note indicates 'All fields are required unless noted as optional'.

Step 2: Enter item and amount

The screenshot shows the 'Step 2 of 4: Enter Item 1' form. The form includes a 'Description' dropdown menu with the value 'Health Club or Fitne...'. Below this is an 'Amount' field with the value '\$ 300' and a note 'Your out-of-pocket cost.' Below the amount field is a 'Recipient's Name' dropdown menu with the value '(Acc...' and a '+ ADD NEW PERSON' button.

Step 3: Review and submit claim

HealthEquity WageWorks MASSACHUSETTS

WELLNESS PAY ME BACK CLAIM August 4, 2021

Step 3 of 4
Review and Submit Claim

Planet Fitness \$300.00

Health Club or Fitness Facility Membership (Account Holder) \$300.00

CERTIFICATION AND AUTHORIZATION
I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in this program. I have already received these products and services and have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the User Agreement (available upon registration and under Help on this site).

Step 4: Upload receipt

HealthEquity WageWorks MASSACHUSETTS

WELLNESS PAY ME BACK CLAIM August 4, 2021

Step 4 of 4
Submit Receipt

Your Receipt is Needed
Your receipt must be received by a plan's "Claim It By" date in order to be considered for payment. All information will be verified when your claim is processed, and corrected if necessary.

Your Receipt Must Include
The following information must be printed or handwritten on the receipt (as indicated):

1. Service Provider Name (Printed)
2. Service Amount (Printed)
3. Service Description (Printed)
4. Service Period (Printed)

Choose One of Two Options

a Submit an electronic version of your receipt online NOW.

b Submit your receipt online LATER.

Submit Receipt Online NOW

Submit Receipt Online Later

If you have any questions, please contact the HealthEquity Participant Service Team at (877-924-3967).

*Reimbursements are subject to state and federal taxes.