



MASSACHUSETTS

# FITNESS REIMBURSEMENT

**Your reward for healthy behavior:**  
Save up to \$150 annually on qualified fitness programs and equipment.



### Qualified for Reimbursement:

#### Membership or fitness class fees:

- At a full-service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- At a fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- For online fitness classes and subscriptions that provide cardiovascular and strength training
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, and fitness machines



### Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness clothing

## GET REIMBURSED IN THREE EASY STEPS

1

### Choose

Pick a qualified fitness program or piece of equipment.

2

### Complete

Once you pay for the program or equipment fill out the attached form.

3

### Submit

Send the completed form to the address listed or submit via MyBlue.

Be sure to check with your doctor before starting any exercise program.

## Questions?

Call Employee Services at **1-800-238-6616**, Monday, Tuesday, Wednesday, and Friday from 8:00 a.m. to 8:00 p.m. ET, and Thursday from 9:00 a.m. to 5:00 p.m. ET.

# FITNESS REIMBURSEMENT REQUEST

**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 Employee Services number on your ID card.

All fitness reimbursement requests must be submitted by March 31 of the following year.

**Submit your reimbursement through MyBlue, or send the completed form to:**

Blue Cross Blue Shield of Massachusetts, Employee Services, P.O. Box 9151, North Quincy, MA 02171

## 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	ZIP Code
Employer's Name			

## Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth __/__/__
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Claim is for (choose one and color in the entire box):

- Subscriber (policyholder)
- Spouse (of policyholder)
- Ex-Spouse
- Dependent (up to age 26)
- Other (specify): \_\_\_\_\_

Name, Address, and Phone Number of Qualified Program

Total dollars requested: \$ \_\_\_\_\_ for (choose one and color in the entire box):

- Membership fees. Monthly membership fee: \$ \_\_\_\_\_
- Fitness class fees. Fee per class: \$ \_\_\_\_\_
- Fitness equipment. Total expense: \$ \_\_\_\_\_

Calendar year that fees were paid: \_\_\_\_\_

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 you should 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 enrolled in the qualified program with the full intention of using such program. 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 program to Blue Cross Blue Shield of Massachusetts.

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

Date: \_\_/\_\_/\_\_

### Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan up to a total maximum of \$150. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request them from you. Proof of payment includes:
  - » Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
  - » Your fitness program membership or participation agreement clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so you should consult a tax advisor.

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).