

MEDICARE ADVANTAGE MEMBERS

Receive Up to \$150
For Being Active



GETTING REGULAR EXERCISE COULD EARN YOU BIG REWARDS

Living a long and healthy life means something different for everyone. If being in your best health means getting regular exercise by heading to the gym, then we've got a very healthy incentive: our Fitness Benefit.

What is the Fitness Benefit?

When you enroll in a qualified health club or fitness facility, you can receive up to \$150 per calendar year toward your club membership fees and exercise classes. Employer group benefits may vary.

What kinds of fitness programs qualify?

When selecting a health club, you'll need to pick one with a variety of cardiovascular and strength-training exercise equipment, such as traditional health clubs, YMCAs, YWCAs, and community fitness centers. In addition, fitness classes available at participating Councils on Aging (COA) facilities are eligible for reimbursement.

Please note that martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues do not qualify. You cannot receive the Fitness Benefit for any aerobic/fitness activity fees paid to a non-qualified health club or fitness center. Fees paid for personal training, lessons, coaching, exercise equipment, or clothing do not qualify.

To Claim the Fitness Benefit:

- Fill out the attached Fitness Benefit form, answering all questions. (Please note that the \$150 is per calendar year.)
- Mail the completed form to the address at the bottom of the form. If you have any questions, please call the Member Service number on your ID card.

Important Information

- The reimbursement 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

Take control of your health with exercise.

Talk with your doctor about the benefits of regular exercise, ask questions, and develop a plan that's right for you. Take advantage of your doctor's expertise.

MEDICARE ADVANTAGE FITNESS BENEFIT FORM

Please Print All Information Clearly

MEMBER INFORMATION (Person in whose name coverage is held)			
Member Identification Number	Last Name	First Name	Middle Initial
Address—Number and Street	City	State	Zip Code
Gender 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Date of Birth Mo. Day Year / /		
WHEN TO SUBMIT THIS FORM: <ul style="list-style-type: none">• After you have collected up to \$150 (may vary for employer groups) in paid receipts from a qualified health club or fitness center in a calendar year.• Once per calendar year, filed by March 31 of the following year.			
CLASS/PROGRAM INFORMATION REQUIRED			
Name and Address of Qualified Class/Program			
Phone Number of Qualified Class/Program			Benefit Year*

TOTAL AMOUNT SUBMITTED: \$ _____

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc., 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.

Member's Signature: _____ Date: _____

Please tear off, fold, and mail this form to the address below:

Blue Cross Blue Shield of Massachusetts
Medicare Advantage Claims Department
PO Box 55007
Boston, MA 02205-5007

SUBMISSION REMINDER

Remember, you can only submit for your Fitness Benefit once per calendar year, filed by March 31 of the following year.

Have you...

- written your Blue Cross Blue Shield of Massachusetts ID number in the space provided?
- included the name and address of the weight loss class or program?
- signed and dated the completed Fitness Benefit form?

Questions?

For further information, call the Member Service number on the front of your ID card.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO Plan with a Medicare contract.
Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-200-4255 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 1-800-200-4255 (TTY: 711).



MASSACHUSETTS

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