



Direct-Billed Medex[®] Fitness Benefit

If you are a member of a Medex Bronze, Medex Core, Medex Choice, or Medex Core Plus* plan, we've got a healthy incentive for you.

As a Blue Cross Blue Shield of Massachusetts member, your Fitness Benefit can save you up to \$150 per calendar year in qualified health club membership fees. You can claim your Fitness Benefit after you've participated in fitness activities at your health club (or YMCA, YWCA, JCC, or participating Council on Aging).

What types of health clubs qualify?

When selecting a health club, you'll need to pick a full-service club with a variety of cardiovascular (i.e. treadmills, bikes, elliptical machines, etc.) and strength-training (i.e. free weights, weight machines, etc.) exercise equipment. To receive the Fitness Benefit for a qualified health club (or YMCA, YWCA, JCC, or Council on Aging fitness activities) that doesn't require monthly or annual fees for aerobic or fitness activities, just make sure to get full documentation from the club.

- **Starting in 2019** - A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba, kickboxing, indoor cycling/spinning, and other exercise programs also qualify for the fitness benefit.

What does not qualify?

- 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 equipment or clothing

*Plan closed to new members

What do I need to do?

- Complete the Fitness Benefit Form.
- Mail the completed form to the address at the bottom of the Fitness Benefit 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, and must be filed by March 31 of the following year..
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.

Proof of payment includes the following:

- 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.

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

Direct-Billed Medex Fitness Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

Member Information			
Identification Number (including first 3 letters)		Date of Birth	
Member's Last Name	First Name	Middle Initial	
Address—Number and Street	City	State	Zip Code
When to Submit this Form: <ul style="list-style-type: none">You can submit your claim once per calendar year.You must submit your claim by March 31 of the following calendar year.			
Health Club Information Required:			
Name and Address of Health Club			Benefit Year ¹
Name, Address, and Phone Number of Qualified Fitness Program			

1. A 12-month period beginning January 1 and ending December 31.

Total Amount Submitted: \$ _____

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 program to Blue Cross Blue Shield of Massachusetts.

Member's Signature: _____

Date: _____

Completed this form and mail it to:

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

Questions?

To verify this benefit is within your plan or for further information, call the Member Service number on the front of your ID card.

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 1-800-258-2226 (TTY: 711). ATENÇÃO: Se fala português, encontramos-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-258-2226 (TTY: 711).