

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) and been a Blue Cross Blue Shield of Massachusetts member for a full four months (in a calendar year).

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.

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 (including those paid for personal training, lessons, coaching, exercise equipment, or clothing).

What do I need to do?

You'll need to have been a member of your qualified fitness facility and Blue Cross Blue Shield of Massachusetts for a full four months (in a calendar year). Then, send us:

- The Completed Fitness Benefit Form Submit only once per calendar year, by March 31 of the following year.
- Mail the form to the address at the bottom of the attached claim form. If you have any questions, please call the Member Service number on your ID card.

*Plan closed to new members

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
- Receipts or statements should include the name of the member enrolled in the club and the individual charges for a full four months of health club membership or fitness classes.

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

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, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-258-2226** (TTY: **711**).

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, after you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for a full four months in a 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	Health Club Phone Number	Benefit Year ¹	

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 authorize the release of any information to Blue Cross Blue Shield of Massachusetts, 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. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Member's Signature:

Date:

Please complete and mail this form 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, please call the Member Service number on the front of your ID card



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