



MASSACHUSETTS

## Fitness Benefit



H2230 H2261 H3011 CMS 07235  
10/2007

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

If you are a member of one of our Medicare Advantage plans we've got a healthy incentive for you.

Your Fitness Benefit can save you up to \$150 per calendar year in qualified health 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.

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.

### Simply send to Blue Cross Blue Shield:

- The attached Fitness Benefit Form, answering all questions (please note that the \$150 is per calendar year).
- A copy of your health club or fitness center agreement or contract that includes the name/logo and address of the facility, your name, and the membership or class dates.
- Photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Photocopies must be on 8.5" x 11" paper. Receipts or statements should include the name of the member enrolled in the club and the individual charges for the health club membership or class fees.
- Then mail the form and copies of your health club contract and paid receipts or statements 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.

We encourage you to keep copies of all the paperwork you send us. Any services denied for payment will be noted on your Claim Summary. We do not return any receipts or contract copies, even if they are denied for payment.

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

# Fitness Benefit Form

DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY

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:

- 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

Attach 8.5" x 11" photocopies of dated, paid health club receipts and your health club agreement/contract.

Name and Address of Health Club	Benefit Year*
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\*A 12-month period beginning January 1 and ending December 31.

TOTAL NUMBER OF RECEIPT COPIES ATTACHED: \_\_\_\_\_

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 (including copies of dated, paid receipts) to the address below:

Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 9201  
North Quincy, MA 02171-9131

Remember, you can only submit for your  
Fitness Benefit:

- Once per calendar year, filed by March 31 of the following year, with 8.5" x 11" photocopies of dated, paid receipts.

Have you . . .

- enclosed photocopies of receipts and contracts, showing membership and payments?
- written your Blue Cross Blue Shield ID number in the space provided?
- signed and dated the completed Fitness Benefit Form?

Questions?

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



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