



MASSACHUSETTS

Fitness Benefit



MEDICARE ADVANTAGE MEMBERS

RECEIVE UP TO \$150* FOR BEING ACTIVE

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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, then we've got a very healthy incentive: our Fitness Benefit.

What is the Fitness Benefit?

Receive up to \$150* per calendar year toward your fitness club membership fees or exercise classes fees. Employer group benefits may vary.

What kinds of fitness programs qualify?

A full service health club with cardiovascular and strength-training equipment; fitness classes at participating Council on Aging sites; and, a fitness studio where you take instructor-led group such as yoga, pilates, zumba, kickboxing, cross-fit, and indoor cycling/spinning and other exercise classes.

What kinds of fitness programs do not qualify?

Please note that fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues do not qualify. You cannot receive the Fitness Benefit for personal trainer sessions, exercise equipment, or clothing.

Get Reimbursed in Three Easy Steps:

1. Start by picking a qualified fitness program.
2. Once you pay for the program fill out the attached form.
3. 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:

- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case we request it from you. 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.

*Members of Medicare HMO Blue SaverRx plan can get reimbursed up to a total of \$250 each calendar year.

MEDICARE ADVANTAGE FITNESS BENEFIT FORM

Please Print All Information Clearly

| | | | |
|---|----------------------------|------------|----------------|
| When to submit this form: | | | |
| 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 | Date of Birth Mo. Day Year | | |
| 1. <input type="checkbox"/> Male | / / | | |
| 2. <input type="checkbox"/> Female | | | |
| Class/program information required | | | |
| Name and Address of Qualified Class/Program | | | |
| Phone Number of Qualified Class/Program | | | Calendar Year |

Submit claim form for reimbursement for the calendar year by March 31 of the following year.

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: _____

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 fitness 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.

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 **1-800-678-2265** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265** (TTY: 711).



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