2014 Fitness Benefit

Your Blue Cross Blue Shield of Massachusetts health plan can save you money annually in qualified health club membership fees or up to 10 fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed

1. Choose
   Start by picking a qualified health club.

2. Complete
   Once you pay for the program, fill out the attached form.

3. Mail
   Send the completed form to the address listed at the bottom.

What’s covered:
Your benefit will reimburse you for three consecutive months of membership fees from a qualified health club or for up to 10 fitness classes taken at a qualified health club.

A qualified health club is:
A full-service health club with a variety of exercise equipment, including:
- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn’t qualify?
You can’t receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:
- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Important Information

- The reimbursement is for each individual (or family) health plan and 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 family member enrolled and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Before starting an exercise program, be sure to talk with your doctor.

1. Before starting, check to see if your plan includes the fitness benefit.
2. Most plans offer a reimbursement for three months of membership or up to 10 fitness classes, but your employer may have offered a different benefit. Please refer to your benefits information to confirm.
## 2014 Fitness Reimbursement Form

To verify this reimbursement is within your plan, log on to Member Central at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call the Member Service number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

### PLEASE PRINT ALL INFORMATION CLEARLY

<table>
<thead>
<tr>
<th>Subscriber Information (Policyholder)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number (including first 3 letters)</td>
</tr>
<tr>
<td>Address—Number and Street</td>
</tr>
<tr>
<td>Employer’s Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member and Claim Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member’s Last Name</td>
</tr>
<tr>
<td>Mailing Address—Number and Street (if different from subscriber’s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Claim is for (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Subscriber (policyholder)</td>
</tr>
<tr>
<td>☐ Female</td>
<td>☐ Ex-Spouse</td>
</tr>
<tr>
<td></td>
<td>☐ Spouse (of policyholder)</td>
</tr>
<tr>
<td></td>
<td>☐ Dependent (up to age 26)</td>
</tr>
</tbody>
</table>

Name, Address, and Phone Number of Qualified Health Club

I am due $___________________ for the following reimbursement (check one):

☐ Membership at a qualified health club. My monthly fee is $___________________.

☐ Fitness classes at a qualified health club. My fee per class is $___________________.

<table>
<thead>
<tr>
<th>Health Plan Year</th>
</tr>
</thead>
</table>

**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 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.

Subscriber’s or Member’s Signature: ____________________________________________  Date: ________________________________

**Questions?**

To verify this reimbursement is within your plan or for further information, please log on to the Member Central website at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call the Member Service number on the front of your ID card.

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Please complete and mail this form to: Blue Cross Blue Shield of Massachusetts Local Claims Department PO Box 986030 Boston, MA 02298

© Registered Marks of the Blue Cross and Blue Shield Association. © 2014 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. 133408M 55-0621 (1/14)