



**MEDICARE ADVANTAGE MEMBERS  
RECEIVE UP TO \$150\* FOR BEING ACTIVE**

# GETTING REGULAR EXERCISE COULD EARN YOU BIG REWARDS

“Living a long and healthy life” means something different to everyone. If being in your best health means getting regular exercise, 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, CrossFit®, and indoor cycling/spinning and other exercise classes.

## What kinds of fitness programs don’t qualify?

Please note that fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, and sports teams or leagues don’t qualify. You can’t 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. After you pay for the program, fill out the attached form, or use our online reimbursement tool through your MyBlue account.
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 them 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.**

Take advantage of your doctor’s expertise. Talk with your doctor about the benefits of regular exercise, ask questions, and develop a plan that’s right for you.

\*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

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 Month 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 REQUESTED: \$ \_\_\_\_\_

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 member 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).



**MASSACHUSETTS**

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