



MASSACHUSETTS

Medicare Advantage  
Fitness Benefit

**GET FIT.  
GAIN SAVINGS.**

Enroll in a fitness program  
and receive up to \$150.

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# GETTING REGULAR EXERCISE COULD EARN YOU BIG REWARDS

To celebrate all you do, we've put together up to \$150\* in fitness reimbursements.

## HOW IT WORKS

When you enroll in a qualified fitness program, you can receive up to \$150 per calendar year toward your fitness club membership fees, exercise class fees, online fitness membership or classes, and qualifying fitness equipment.\*\*

### Qualified for Reimbursement:

- Full service health clubs with cardiovascular and strength-training equipment
- Fitness classes at participating Council on Aging sites, and instructor-led group classes including yoga, Pilates, Zumba®, kickboxing, CrossFit®, and indoor cycling/spinning
- Pool-only facility memberships, fitness classes, and aqua therapy at facilities with pools
- Online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform
- Home fitness equipment like stationary bikes, weights, exercise bands, treadmills, and other fitness machines

### Not Qualified for Reimbursement:

- Fees paid for gymnastics, tennis, martial arts schools, instructional dance studios, country clubs or social clubs, and sports teams or leagues
- Personal trainer sessions
- Fitness trackers or items that are considered "recreational" or sports equipment, like kayaks, inline skates, bicycles, ice skates, trampolines, fitness clothing, and sneakers

## GET REWARDED, NO SWEAT!

It's easy to get your reimbursement. After you pay for a qualified fitness program, submit your reimbursement request by mail or online.

### By Mail

Fill out the attached form and mail it to the address located at the bottom of the form.

### Online

Use our convenient online reimbursement tool through your MyBlue account.

If you have any questions, please call Member Service at the number on your ID card.

### Things to Remember

- 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)

**Note:** Reimbursements may be considered a taxable form of income. Please consult your tax advisor.

**Use this form for expenses incurred in 2023. Starting 1/1/2024, this benefit will be provided through your Flex Card.**

**Take control of your health with exercise.**

**Take advantage of your doctor's expertise.**

**Be sure to check with them before starting any exercise program.**

\*Members of Medicare PPO Blue PlusRx, Medicare HMO Blue SaverRx and Medicare HMO Blue PlusRx plans can get reimbursed up to a total of \$250 each calendar year.

\*\*Employer group benefits may vary.

# 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

Birth date:  
(MM/DD/YYYY) ( \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ )

Class/Program/Equipment Information (required)

Name and Address of Qualified Class/Program or Name/Type of Fitness Equipment

Phone Number of Qualified Class/Program	Calendar Year
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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/equipment 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, and it must be filed by March 31 of the following year.

Have you...

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- ☐ 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?

If you have any questions, 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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