



MASSACHUSETTS

Medex<sup>®</sup>

# DIRECT-BILLED MEDEX<sup>®</sup> FITNESS REIMBURSEMENT



If you're a member of a Medex Core, Medex Sapphire, or Medex Bronze plan, you can get reimbursed for costs associated with qualified fitness programs and classes.

## Qualified for Reimbursement:

- A full-service health club (or YMCA, YWCA, JCC, or participating Council on Aging) with a variety of cardiovascular (i.e., treadmills, bikes, elliptical machines, etc.) and strength-training (i.e., free weights, weight machines, etc.) exercise equipment. If the club doesn't require monthly or annual fees for aerobic or fitness activities, make sure to get full documentation from the club.
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba<sup>®</sup>, kickboxing, indoor cycling/spinning, and other exercise programs
- A virtual/online fitness membership, subscription, program, or class that provides cardiovascular and strength-training using a digital platform
- Home fitness equipment like stationary bikes, weights, exercise bands, treadmills, and other fitness machines
- Pool-only facility memberships, fitness classes, and aqua therapy at facilities with pools.

## How to Get Reimbursed

- Fill out the attached form, then send the completed form to the address listed at the top of the form.

*Be sure to talk with your doctor before starting any exercise program.*

## Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, martial arts schools, instructional dance studios, country clubs or social clubs, 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

## Important Information

- The reimbursement can only be submitted once each calendar year, and must be filed by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case you're denied reimbursement. Proof of payment includes:
  - » Receipts (cash/check/credit/electronic) for equipment, memberships, or class fees clearly documenting your name, the fitness program name or equipment type, and individual amounts charged with date paid
  - » Your fitness program membership or participation agreement clearly documenting your name and date signed
- Reimbursements may be considered taxable income, so consult a tax advisor.

## Questions?

Call Member Service at the number on the front of your ID card.

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

# DIRECT-BILLED MEDEX® FITNESS REIMBURSEMENT REQUEST

Complete this form and mail it to:  
Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
P.O. Box 986030  
Boston, MA 02298

PLEASE PRINT ALL INFORMATION CLEARLY

## Member Information

Identification Number on Member ID Card (including first 3 letters)

Date of Birth:

(\_\_\_\_ \_ / \_\_\_\_ \_ / \_\_\_\_ \_)  
MM DD YYYY

Member's Last Name

First Name

Middle Initial

Address—Number and Street

City

State

ZIP Code

## When to submit this form:

- You can submit your claim once per calendar year.
- You must submit your claim by March 31 of the following calendar year.

## Class/Program/Equipment Information (Required)

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

Calendar Year

Phone Number of Qualified Fitness Program

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:

(\_\_\_\_ \_ / \_\_\_\_ \_ / \_\_\_\_ \_)  
MM DD YYYY

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 **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).

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