



MASSACHUSETTS

GET FIT. GAIN UP TO \$300 IN SAVINGS.

Big congrats on your healthy habits! To celebrate all you do, we've put together up to \$300 in fitness reimbursements* –and now virtual activities are included. Yours for the taking, you go getter.



GET REWARDED, NO SWEAT!

Our reimbursement process is quick, easy, and online. Good thing, because you can save on:

- Full-service health clubs
- Fitness classes such as yoga, Pilates, Zumba®, kickboxing, and indoor cycling/spinning
- Fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform

Be sure to check with your doctor before starting a new exercise program.

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!

*To find out if the fitness reimbursement is included with your plan, sign in to MyBlue at bluecrossma.org, or call Member Service at the number on your ID card.

Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request them from you. Proof of payment includes:
 - Receipts (cash/check/credit/electronic) for membership or class fees, clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
 - Your fitness program membership or participation agreement, clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so you should consult a tax advisor.

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Fitness Reimbursement Request¹

PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK

To verify this reimbursement is offered within your plan, please log on to MyBlue® at bluecrossma.com/myblue or call the Member Service number on your ID card. You have until March 31 of the following year to submit this form.

Subscriber Information (Policyholder)

Identification Number on Your ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Mailing Address—Number and Street (if different from subscriber's)		City	State
			Zip Code
Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Fitness Program			
Total dollars requested: \$ _____ for (choose one and color in the entire box): <input type="checkbox"/> Membership fees. My monthly membership fee is \$ _____. <input type="checkbox"/> Fitness class fees. My fee per class is \$ _____.			Health Plan Year

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

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 qualified fitness program. 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 certify that I regularly use the qualified program for which I'm requesting reimbursement. I understand that Blue Cross may require additional evidence of program participation and proof of payment before reimbursement is provided.

Subscriber's or Member's Signature: _____ Date: ____/____/____

Questions?

To verify this fitness reimbursement is offered within your plan or for further information, please log onto the MyBlue website at bluecrossma.com/myblue or call the Member Service number on the front of your ID card.

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

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