MASSACHUSETTS | WPI

FITNESS AND WEIGHT-LOSS REIMBURSEMENT

Get Rewarded for participating in a qualified fitness and weight-loss program

Save up to

$150 per member or **$300** per family

Qualified for Reimbursement:

Membership, participation, or class fees for:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes
- Hospital-based programs; WW, formerly Weight Watchers®, and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists
- Online classes and subscriptions

Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Personal trainer sessions
- Fitness equipment or clothing
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests or other services that are covered benefits under your medical plan

TWO EASY WAYS TO GET REIMBURSED

Start by picking a qualified program. Once you pay for the program, you can either:

SUBMIT ONLINE
Sign in to your MyBlue account, then go to **member.bluecrossma.com/fitness-and-weightloss** to fill out and submit the form.

MAIL THE ATTACHED REQUEST FORM
Fill out the attached form, then send the completed form to the address listed.

Questions?

Call Member Service at **1-800-831-8730**, Monday, Tuesday, Wednesday, and Friday from 8:00 a.m. to 8:00 p.m. ET, and Thursday from 9:00 a.m. to 5:00 p.m. ET.

FITNESS AND WEIGHT-LOSS REIMBURSEMENT

Please Print All Information Clearly. To verify this reimbursement is offered within your plan, or for more information, sign in to MyBlue at **bluecrossma.com/myblue** or call the Member Service number on your ID card. All reimbursement requests must be submitted by March 31 of the following year.

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

Subscriber Information (Policyholder)

Identification Number on Subscriber 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

Claim Information

Member Last Name	First Name	Middle Initial	Date of Birth ___/___/____

Claim is for (choose one and color in the entire box):

❑ Subscriber (policyholder)

❑ Spouse (of policyholder)

❑ Ex-Spouse

❑ Dependent (up to age 26)

❑ Other (specify):

Name, Address, and Phone Number of Qualified Fitness or Weight-Loss Program

Total dollars requested: $ _____ for (choose one and color in the entire box):

❑ **Membership or participation fees. Monthly fee: $ _____**

❑ **Class fees. Fee per class: $ _____**

Year Fees Paid: _____

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

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 enrolled in the qualified program with the full intention of using such program. 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.

Subscriber's or Member's Signature: **Date: ___/___/____**

Important Information:

- Fitness and weight-loss 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 complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for membership, participation, or class fees clearly documenting your name, the qualified program name, and individual amounts charged with date paid.
  - Your fitness or weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Reimbursement may be considered taxable income, so 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**).

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