

Harvard University Group Health Plan (HUGHP) Fitness Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150 annually in qualified health and fitness fees.

3 Easy Steps to Getting Reimbursed¹



1.

Choose

Start by picking a qualified fitness program.

2.



Complete

Once you pay for the program, fill out the attached form.

3.



Mail

Send the completed form to the address listed at the bottom.

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. 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
- Receipts or statements should include the name of the family member, and the individual charges for a full reimbursement of health club fees, fitness classes or other qualified expenses.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

What qualifies?

- A full-service health club with a variety of exercise equipment, including cardiovascular equipment like treadmills and bikes, and strength-training equipment like free weights and weight machines
- Fitness studios/facilities that offer:

» Yoga	» Indoor cycling/spinning classes	» Tennis
» Pilates	» Kickboxing	» Indoor rock climbing
» Zumba	» CrossFit	» Personal training (taught by a certified instructor)
» Aerobic/group classes	» Strength training	

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for lessons, coaching, equipment, clothing or any of the clubs below:

- Martial arts centers
- Country clubs or social clubs
- Gymnastics, tennis or pool-only facilities
- Sports teams or leagues

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

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

Fitness Reimbursement Form²

Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters) Subscriber's Last Name First Name Middle Initial

Address—Number and Street City State Zip Code

Employer's Name

Harvard University Group Health Plan (HUGHP)

Member and Claim Information

Member's Last Name First Name Middle Initial Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's) City State Zip Code

Gender

Male Female

Claim is for
(check one):

Subscriber (policyholder) Ex-Spouse Other (specify) _____
 Spouse (of policyholder) Dependent (up to age 26)

Reimbursement Expense type (check all that apply):

Qualified full-service health club, including personal training fees: Please provide name, address & phone number of qualified health club

Fitness classes: Please provide name, address & phone number of studio or instructor

I am due \$ _____.

Health Plan Year

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 health club membership, or fitness classes. 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 may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: _____ Date: _____

Questions?

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

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

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 Services 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).

**Please complete and mail
this form to:**

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

