

WELLNESS REIMBURSEMENTS

Get rewarded up to \$300 total for qualified fitness, weight-loss, and mind and body programs each calendar year¹

¹Reimbursement is not per person.



Qualified for reimbursement:

Fitness reimbursement for 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 such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Personal training with a certified instructor
- Virtual/online memberships, subscriptions, programs, or classes for fitness using a digital platform
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines

Weight-loss program reimbursement for membership, participation, or class fees for:

- 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

Mind and body reimbursement² for:

- Massage therapy
- Hypnosis therapy
- Meditation therapy
- Reiki
- Tai chi
- Qi (chi) gong
- Breathing and meditation apps
- Reflexology

Note: In-person providers must be licensed, certified, or accredited for a service to qualify for reimbursement.

²Save up to 30% when you use an Alternative Health Practitioner: You can save up to 30 percent when you visit a participating provider for alternative health practices, such as massage therapy, tai chi, and qi (chi) gong. To find a participating provider, use our Alternative Health Provider Tool at bluecrossma.org. Check with your health care provider before receiving alternative medicine services.

Be sure to check with your doctor before receiving alternative medicine services.

GET REIMBURSED IN THREE EASY STEPS

1

Open the MyBlue app or sign in at bluecrossma.org.

2

Click the **Well-Being Reimbursement** link.

3

Complete the form and click **Submit**.

You can also fill out the attached form and mail it to the address listed on the form.



Not qualified for reimbursement:

Fitness:

- Wearable fitness tracking devices such as, but not limited to, Fitbit®, Xiaomi®, Garmin®, and Apple®
- Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues
- Fitness clothing

Weight loss:

- One-time initiation or termination fees
- 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

Mind and body

- Apps not focused on breathing or meditation, such as those focused on sleep

Questions?

If you have any questions, call Harvard Member Services at 1-617-495-2008 or email mervices@huhs.harvard.edu.

WELLNESS REIMBURSEMENT FORM

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
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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 program

Total dollars requested: \$ _____ for (check all that apply):

- Total dollars requested for qualified fitness expense: \$ _____
 - Total dollars requested for qualified weight-loss expense: \$ _____
 - Total dollars requested for qualified mind and body expense: \$ _____
- Calendar year that fees were 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 program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or member's signature: _____

Date: ___/___/___

Important information:

- Fitness, weight-loss, and mind and body 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, weight-loss, and mind and body membership or participating 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).