

# FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

# \$150



## Qualified for Reimbursement:

- 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
- Online fitness memberships, subscriptions, programs, or classes
- 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



## 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 clothing

## Get Started

To submit your reimbursement, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org).

## Your reimbursement is waiting!



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## FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org) or call the Member Service number on your ID card. All fitness reimbursement requests must be submitted by March 31 of the following year.

### 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's Last Name	First Name	Middle Initial	Date of Birth __/__/__
Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	Name, Address, and Phone Number of Qualified Fitness Expense     <b>Total Dollars requested for Qualified Fitness Expense: \$</b> _____ <b>Calendar year that fees were paid:</b> _____		

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 you should 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: \_\_/\_\_/\_\_

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

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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# WEIGHT-LOSS REIMBURSEMENT

## Your reward for healthy behavior:

Receive up to \$150 annually when you participate in a qualified weight-loss program.<sup>1</sup>



### Qualified for Weight-Loss Reimbursement

#### Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
- Weight Watchers online 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.



### Not Qualified for Weight-Loss Reimbursement

- 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

## GET REIMBURSED IN THREE EASY STEPS

1

#### Choose

Start by picking a qualified weight-loss program.

2

#### Complete

Once you pay for the program, fill out the attached form, or sign in to MyBlue to submit online at [member.bluecrossma.com/login](https://member.bluecrossma.com/login).

3

#### Mail

Send the completed form to the address listed.

**Be sure to check with your doctor before starting any weight-loss program.**

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.

## Questions?

Contact Member Service by calling the phone number on your member ID card.

# WEIGHT-LOSS REIMBURSEMENT REQUEST

**Please Print All Information Clearly:** To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Member Service number on your ID card. All weight-loss 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	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	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 Weight-Loss Program**

**Total dollars requested: \$** \_\_\_\_\_

**Monthly program participation fee: \$** \_\_\_\_\_

**Calendar Year: \_\_\_\_/\_\_\_\_/\_\_\_\_**

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 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 weight-loss program to Blue Cross Blue Shield of Massachusetts.

**Subscriber's or Member's Signature:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts 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 it from you. Proof of payment includes:
  - Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
  - Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

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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).

# NURSES RIGHT NOW

When you call our 24/7 Nurse Line, you can speak to a registered nurse, when you need to, day or night. Because guidance and advice should be available around the clock.



## YES, YOUR PLAN COVERS IT!



GET CONNECTED  
DIRECTLY TO A NURSE



365 DAYS A YEAR,  
INCLUDING HOLIDAYS



THERE'S NO  
ADDITIONAL COST

## KNOW WHEN TO CALL

Nurses can give you advice on:

- Treating a fever, cut, headache, or diarrhea
- Managing a new diagnosis
- Recognizing signs of a concussion after a head injury
- Taking over-the-counter medications or prescriptions
- Upcoming medical tests or appointments
- Deciding if you need immediate care
- Caring for a sick child or family member

**In the case of a life-threatening emergency, call 911 or go to the nearest emergency room.**

## Call Our 24/7 Nurse Line

Nurses are ready around the clock to answer your questions. Call **1-888-247-BLUE (2583)**.



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# MATERNITY CARE

Supporting you through pre-conception, pregnancy, childbirth, and caring for your new baby

Have questions about getting pregnant, pregnancy, labor, and what to expect during baby's first year? We're here to help you with a full range of maternity programs and benefits. We encourage you to explore all your benefits for starting and growing your family.



## ovia Pregnancy App

We're partnering with Ovia Health™—developer of the Ovia Pregnancy app—to give our members tools to support conception and healthy pregnancies. Go to [oviahealth.com](https://oviahealth.com) to download.



## Living Healthy Babies®

Our **Living Healthy Babies** website is there when you need it, providing answers, educational resources, and interactive tools—including guidelines for recommended doctor visits. From preparing for pregnancy, being pregnant, going through delivery, and what to expect during baby's first year, we're here to guide you each step of the way. Learn more at [livinghealthybabies.com](https://livinghealthybabies.com).



## Call-in Maternity Support

We offer specialized pregnancy and post-partum support to improve your health and help avoid complications. Call a Care Manager at **1-800-392-0098** Monday through Friday, 8:30 a.m. to 4:30 p.m. ET. For high-risk pregnancies, Nurse Care Managers are available.



## Breast Pumps

New mothers can get a cost-free manual or dual electric breast pump. Learn more at [bluecrossma.com/breast-pump](https://bluecrossma.com/breast-pump).



## Childbirth Course Reimbursement

Expectant mothers may be eligible for reimbursement up to \$90 for completing a childbirth course. Check with your employer or call Member Service at the number on your ID card to see if you have this benefit.



## Call-in Maternity Depression Care

Many women may experience anxiety, mood swings, and crying spells known as "baby blues," but these feelings usually go away in a week or two post-delivery. Others experience a more serious condition called postpartum depression, which can last up to a year. Our Maternity Depression program provides support, education, and treatment referral for pregnant women and new mothers who may be struggling with these symptoms. For help, call a Behavioral Health Care Manager at **1-800-524-4010, ext. 62398**, Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.

## Learn More

Get started at [bluecrossma.org/maternity](https://bluecrossma.org/maternity).

## FIND CARE



### 24/7 Nurse Line

If you have concerns about a health issue, call the 24/7 Nurse Line. A nurse can answer your medical questions and help you decide where to get the right care. Call **1-888-247-BLUE (2583)**.



### Find a Doctor

To find a doctor or hospital near you, use our **Find a Doctor & Estimate Costs** tool, or call **1-800-588-5507** for help, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.



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# Meet the MyBlue Member App

## Simple, Secure, Convenient

### Get Health Care Information Quickly and Easily

The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and claims history.



### Personalized health care, right at their fingertips:



Use the digital ID card to direct-dial important numbers, email a PDF version to a doctor, or save a digital card to their phone.



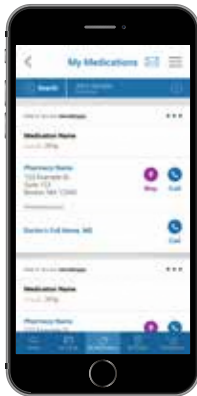
Get access to recent claims history and see copayment amounts.



View financial account balances, like HealthEquity® or Blue Cross



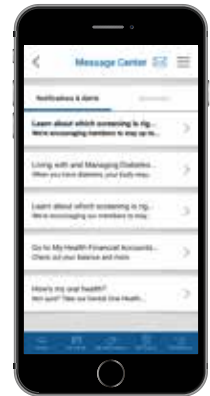
## Additional MyBlue Member App features:



See prescription history, including dosage and who prescribed it.



Look up and get directions to nearby doctors, dentists, and hospitals.



Receive push notifications and view important information in the Message Center.

## Available On



The MyBlue Member App is not available for members with Federal Employee Program (FEP), Blue Benefit Administrators (BBA), Ancillary (Indigo®), Medicare Advantage or standalone Part D plans. Those with standalone dental, vision, or wellness coverage cannot register for the app at this time.

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