SpecialOffers@Anthem
Fitness Reimbursement Program

Anthem®
Health. **Join In.**℠

It pays to join a fitness club.

What you get:

You or your family can get up to $200 per subscriber contract, per plan year for membership dues at a fitness club. You just need to exercise regularly. Because plans vary, you will want to make sure you're eligible for this fitness reimbursement program. Just call the Customer Service number on the back of your ID card.

How it works:

You'll choose an established fitness club that offers the type of classes, programs and fitness equipment that's right for you.

Let's say you join a YMCA and want to use the cardiovascular equipment, such as a treadmill or rowing machine. To qualify for reimbursement, you must meet the minimum exercise requirements: Exercise at your fitness club at least three times a week for 11 weeks out of a 13-consecutive-week period. Each time you exercise, record it on your fitness log card and ask a fitness club staff person to initial it. Keep doing this until the card is completed.

We set up these minimum levels of activity to make sure you're getting benefits from your efforts. Of course, to get the most from your workouts, you should exercise at least three times a week, year-round.

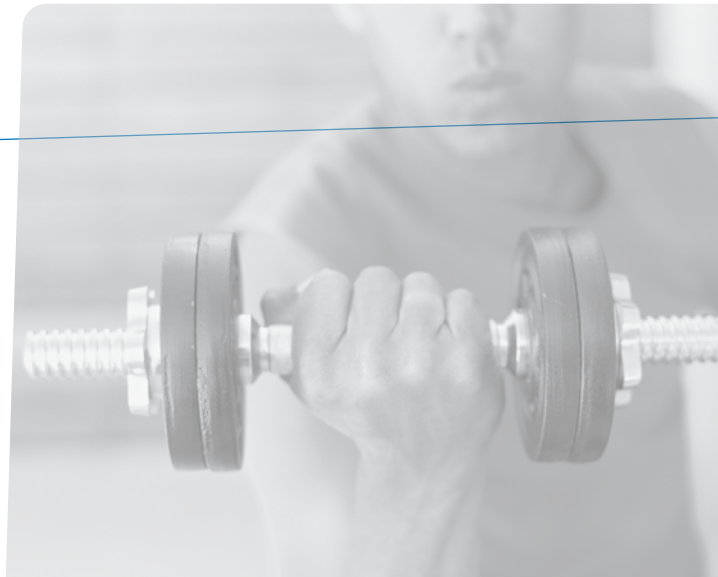
Reimbursement steps:

1. Pay your fitness club dues and keep the receipt(s). Receipts must be original and include the name of the fitness club, description of the membership purchased, date of payment, amount paid and the name of the person using the membership.

   If your fitness club dues are electronically debited from your bank account, ask for a receipt or submit copies of your bank statements with the specific withdrawals circled.
2. Start your exercise program. Use the Fitness Reimbursement Program Log Card to record the week and each time you exercise. Ask a fitness club staff member to initial it. **You must record workouts on the Fitness Reimbursement Program Log Card. We will not accept fitness club attendance reports.**
3. Complete the Fitness Reimbursement Form. Instructions are on the back of the form.
4. Mail your completed Fitness Reimbursement Form, Fitness Reimbursement Program Log Card and original receipt(s) to:

   Claims Department
   Anthem Blue Cross and Blue Shield
   P.O. Box 533
   North Haven, CT 06473-0533

More >



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Exercise requirements:

Regular exercise is an essential part of good health. But to reap the benefits, you have to do it! To be eligible for reimbursement, you must meet minimum levels of exercise activity in a plan year:

- Exercise for at least 11 out of 13 consecutive weeks.
- Exercise three times per week.
- Complete a Fitness Reimbursement Program Log Card. Have a fitness club staff member initial it each time you work out.

Fitness Reimbursement rules:

- The reimbursement is on a plan-year basis. Log cards and receipts must reflect activity within the plan year. You must start log cards two months before the conclusion of the plan year to meet the 13-week requirement within that plan year.
- Workouts must be recorded on the Fitness Reimbursement Program Log Card. **We will not accept fitness club attendance reports.**
- We will not accept photocopies of receipts or log cards.
- Reimbursement is limited to a maximum of $200 per subscriber contract, per plan year based on the amount shown on the receipt(s) submitted.
- No credit will be issued for unused portions of the plan-year fitness reimbursement.
- We must receive your reimbursement request within one year of you completing your Fitness Reimbursement Program Log Card.
- The following are not eligible for reimbursement: guest fees, equipment fees, court-time fees, waived membership fees, tournament fees, social memberships, country club dues, lesson charges and all other miscellaneous fees.
- You are not eligible for this program if your health plan membership has lapsed for any reason. Your health plan membership must be in effect while you are taking part in this program.
- This Fitness Reimbursement Program must be available under your plan. To make sure you're eligible, call that Customer Service number on the back of your ID card.

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Fitness Reimbursement Form

Anthem Health. Join In.℠

— Important —

Please read and follow the instructions located on the front and back of this form. You are required to complete all unshaded areas of the form by printing clearly with a nonerasable ink pen. This form will be returned if: 1) The form is not completed with the required information; and 2) an original receipt and completed log card are not attached to the back of this form. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved. Please expect 6-8 weeks to process once Anthem Blue Cross and Blue Shield receives this request for reimbursement.

1. Member's name: (last) (first) (m.i.) _____

2. Member's Identification Number as shown on your ID card: ___ ___ ___ _____ (Anthem Blue Cross and Blue Shield Members: include your 3-letter prefix)

3. Member's date of birth: Mo._____ Day_____ Yr._____

4. Member's sex: ☐ Male ☐ Female

5. Group (Employer) name: _____
Division Number: _____

6. Subscriber's name (if other than member): (last) (first) (m.i.) _____

7. Subscriber's address:
Street _____
City _____ State _____ Zip _____
☐ Check box if new address ☐ Telephone _____

DO NOT WRITE IN SHADED AREAS

9. Provider number: **82-9999999-NH-01**

9. Workout Period: (MO./Day/Yr.)		10. Place of service:	11. Diagnosis Code:	12. Amount paid by member:	13. Date form completed:
From	To	**0L**	**799.89**	**$** .	14. Procedure Code: **S9970**

15. W authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for fitness reimbursement. We agree to the information written above, and verify that the member met the requirements of the program.

X _____
(Member signature)

X _____
(Signature of fitness club employee)

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this program.

-Thank you -

– turn over for instructions –

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Reimbursement instructions

The Fitness Reimbursement Form is to be completed by the member attending the fitness club and by a representative of the fitness club. Attach the completed log card and original receipts or withdrawal statements to the back of this form.

To complete this form:

1. Fill in all unshaded sections.
2. Sign the form. Also, have a fitness club employee sign the bottom of the form.
3. Date the form when completed. Keep a copy for your records. (We will not return the form.)
4. Send the completed Fitness Reimbursement Form, completed log card and original receipt to:
   Claims Department
   Anthem Blue Cross and Blue Shield
   P.O. Box 533
   North Haven, CT 06473-0533
5. If you have any questions about this program, call the Customer Service number on the back of your ID card.

Member reimbursement will be denied if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member while taking part in the program.
2. The member did not complete the requirements of the program.

This form will be returned if:

1. The form is not completed with the required information; and
2. An original receipt or copies of withdrawal statements and log card are not attached to the back of the form.

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Fitness Reimbursement Program - Log Card

Name: _____

Address: _____

_____

Phone: _____

Member's ID #: _____

All workouts must be in the same plan year.
You must start log cards two months before the conclusion of the plan year to meet the 13-week requirement within that plan year.
Return along with Fitness Reimbursement Form and receipts to:
Anthem Blue Cross and Blue Shield — Claims Department
P.O. Box 533 · North Haven, CT 06473-0533

FITNESS LOG CARD		Record daily exercises here. (Instructor confirmation initials go inside box.)					
Record dates at the beginning of each week here.		Day 1		Day 2		Day 3	
		Exercise	Initial	Exercise	Initial	Exercise	Initial
Week 1	/ /						
Week 2	/ /						
Week 3	/ /						
Week 4	/ /						
Week 5	/ /						
Week 6	/ /						
Week 7	/ /						
Week 8	/ /						
Week 9	/ /						
Week 10	/ /						
Week 11	/ /						
Week 12	/ /						
Week 13	/ /						

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Fitness Reimbursement Program - Log Card

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		Exercise	Initial	Exercise	Initial	Exercise	Initial
Week 1	/ /						
Week 2	/ /						
Week 3	/ /						
Week 4	/ /						
Week 5	/ /						
Week 6	/ /						
Week 7	/ /						
Week 8	/ /						
Week 9	/ /						
Week 10	/ /						
Week 11	/ /						
Week 12	/ /						
Week 13	/ /						

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