

It pays to work out!

As a BlueCross BlueShield of Western New York member, you can receive up to \$150* in reimbursement for your gym membership when you complete 50 gym visits. You'll be saving money while improving your health.

First six months of eligibility

Complete a health survey by logging into the secure member site at www.bcbswny.com, clicking *Health & Wellness > My Health*, and selecting *Know Your Health Status*. Upon completion of the survey, BlueCross BlueShield will send you a check for \$50**.

Second six months of eligibility

Visit your doctor for a routine physical. If you need a primary doctor, visit www.bcbswny.com/findadoctor to review physician options. Following your doctor visit, BlueCross BlueShield will send you a check for \$50**.

How it works

To qualify, you must participate in a program that promotes cardiovascular wellness.***For a gym to be considered eligible, it must provide at least two pieces of equipment or activities from the following list:

- Elliptical cross-trainer
- Group exercise
- Pool
- Rowing machine
- Squash/tennis/racquetball courts
- Stationary bicycle
- Step machine/climber
- Treadmill
- Walking/running group

What you need to do:

1. **Visit the gym** – You must complete a minimum of 50 visits per six-month period. Reimbursements will only be issued after six months have passed.
2. **Collect paperwork** – You need:
 - a. A copy of your current gym bill that shows the monthly cost of your membership, a proof of payment for each of the six months you are submitting for reimbursement (i.e., credit card statement, payroll deduction, automatic bank withdrawal, etc.),
 - b. A document outlining services the gym offers.
3. **Complete the form** – Fill out and submit the Gym Reimbursement Form (on the back of this page). Remember, you must have 50 visits for your six-month program and a representative from your gym must sign the form.

You can get extra forms and more information from your benefits administrator, from our website www.bcbswny.com/gymreimbursement, or by calling the customer service number on the back of your member ID card.

4. **Mail everything** – The Gym Reimbursement Form, a copy of your current gym bill, proof of payment, and a copy of the gym's brochure should be submitted within six months (180 days) to the following address:

Blue Cross BlueShield of Western New York
P.O. Box 80, Buffalo, NY 14240
Fax: 1-855-818-0265

Important: Please complete one form per member, for each six-month period for which you are making a claim.

All Gym Reimbursement Forms will be processed 6 months after your eligibility date; please allow 60 days after these 6 months for processing.

* Reimbursement maximum amounts differ between products, and between a subscriber and a covered spouse

** Your covered spouse can also receive an additional \$50 upon individual completion.

*** Memberships in sports clubs, country clubs, weight loss clinics, spas, or other similar facilities are not eligible.



BlueCross BlueShield
of Western New York

Gym Reimbursement Form



Member ID: _____ Suffix: _____

Member name: _____ Date of birth: _____

Group: _____

Please complete the form in its entirety, or the processing of your claim may be delayed or denied.

Provide the dates of your 50 gym visits for the six-month period of your program*:

1	18	35
2	19	36
3	20	37
4	21	38
5	22	39
6	23	40
7	24	41
8	25	42
9	26	43
10	27	44
11	28	45
12	29	46
13	30	47
14	31	48
15	32	49
16	33	50
17	34	

* As a substitute for filling in the dates of your 50 gym visits on this form, you may submit one of the pieces of documentation that are listed below as an attachment to this form. Your documentation must include a signature from a gym representative for verification purposes.

- A photocopy of your fitness program card or your records kept on file at the gym. Your signature must appear on the photocopy.
- A computer printout of your visits to the fitness center;
- Receipts that indicate each time you have visited the gym; or
- Verification from your employer that indicates your use of the employer's gym.

Name of facility: _____

Facility address: _____

Facility employee's signature: _____ Date: _____

By signing below you certify that the above information is correct to the best of your knowledge.

Member signature: _____ Date: _____

If you have any questions regarding gym reimbursement, please call the customer service number on the back of your ID card.