

## Medicare Balance Fitness Benefit Coverage

### Form & Instructions

#### How can I get more information about my fitness benefit?

Get details about your fitness benefit and check your eligibility in your plan's Evidence of Coverage. You can access your plan information and view finalized claims at any time on our member portal at [Member.MassGeneralBrighamHealthPlan.org](https://Member.MassGeneralBrighamHealthPlan.org).

#### How do I request reimbursement for my fitness benefit?

There are two ways to submit your request form:

##### Submit on our member portal

The most convenient way to request your reimbursement is on [Member.MassGeneralBrighamHealthPlan.org](https://Member.MassGeneralBrighamHealthPlan.org)

- Complete your form online
- Get confirmation of your submission right away

*Please allow 15-30 days for processing*

##### Submit by mail

Complete the form on the back of this flyer, and mail it to:

**Mass General Brigham Health Plan**  
Attention: Claims/Fitness  
399 Revolution Drive  
Suite 850  
Somerville MA 02145

You will not get confirmation of your request. Please allow 30-45 days for processing.

You can also fax your request form to **617-526-1902**.

#### Please note:

You must be a Mass General Brigham Health Plan member during the period for which you are requesting reimbursement. The deadline to request your fitness benefit for each calendar year is March 31 of the following year. You can only submit one request per calendar year.

#### Fitness Benefit:

We will reimburse up to \$250 towards your gym memberships, fitness equipment and devices (treadmill, Fitbit, Peloton, video subscriptions), personal trainer classes, golf fees, and ski passes.

Mass General Brigham Health Plan reserves the right to audit requests for eligibility. If you are chosen for audit, we will contact you and request additional documentation. The audit will take an additional 14 days to process upon receipt of complete documentation.

# Medicare Balance Fitness Benefit Coverage Request Form

## Member Information

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LAST NAME

FIRST NAME

M.I.

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STREET ADDRESS

CITY

STATE ZIP

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TELEPHONE NUMBER

MEMBER ID# (located on the front of the Mass General Brigham Health Plan ID card)

## Fitness Facility, Home Fitness Equipment, Program/Subscription, or Activity Information

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NAME OF FACILITY/HOME FITNESS EQUIPMENT/PROGRAM /SUBSCRIPTION OR ACTIVITY CITY

STATE ZIP

Website address of virtual fitness subscriptions: \_\_\_\_\_

Description of home fitness equipment purchased: \_\_\_\_\_

Cost of home fitness equipment: \_\_\_\_\_

## Payment Information

Calendar year reimbursement being requested: \_\_\_\_\_

Check off months of participation in a qualified fitness facility, program/subscription or activity:

January  February  March  April  May  June  July  August  September  October  November  December

Total amount paid for months checked off above: \_\_\_\_\_

Do you pay monthly, annually or per session? \_\_\_\_\_

## Certification/Authorization

The member must sign and date below. The fitness benefit is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information.

To the best of my knowledge and belief, my statements in the Mass General Brigham Health Plan Fitness Benefit Coverage Request Form are complete and true. I am claiming the coverage amount as indicated in my Evidence of Coverage.

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MASS GENERAL BRIGHAM HEALTH PLAN MEMBERS SIGNATURE

DATE

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[MassGeneralBrighamHealthPlan.org](http://MassGeneralBrighamHealthPlan.org)

This plan is underwritten by Mass General Brigham Health Insurance Company.

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