



# Fitness Reimbursement

For Wellpoint plan members

## What is the fitness reimbursement?

For commercial plans : The Plan offers a reimbursement of \$100 for an individual medical plan and \$200 for a family medical plan toward fitness activities. Upon proof of payment, the reimbursement is paid to the Plan enrollee (subscriber).

For Medicare plans : The Plan offers a reimbursement of \$100 per person towards fitness activities. Upon proof of payment, the reimbursement is paid to the Plan enrollee (subscriber).

## What types of fitness activities qualify?

Eligible for reimbursement		Not eligible for reimbursement
<ul style="list-style-type: none"><li>Boys &amp; Girls Clubs of America</li><li>Classes and programs such as yoga, Pilates, and spin (either in-person or online)</li><li>Dance classes/studios</li><li>Gyms, health clubs, and fitness centers</li></ul>	<ul style="list-style-type: none"><li>Martial arts centers</li><li>Personal trainers (either in-person and online)</li><li>Sports teams</li><li>Organizations and leagues designed for fitness activities (e.g., hiking, bowling, etc.)</li></ul>	<ul style="list-style-type: none"><li>Annual or day passes (e.g., ski passes)</li><li>Dues for beach or country clubs</li><li>Fees for one-day events</li><li>Personal or home fitness equipment</li><li>Spas or spa services</li></ul>

## What do I need to do to get reimbursed?

1. Fill out the [Fitness Reimbursement Request](#) below.
2. Provide [proof of payment](#) (for example, a copy of your credit card receipt, email confirmation).
3. [Submit your request and proof of payment](#) as described at the bottom of the form.

## What else should I know?

- We recommend that you [send proof of payment for the entire amount](#) instead of making several requests for lesser amounts.
- [Write your Wellpoint member ID number](#) on all receipts and documents.
- If you have any questions, call Wellpoint Member Services ([833-663-4176](#) for Total Choice, PLUS, and Community Choice members or [800-442-9300](#) for Medicare Extension members).

Fitness Reimbursement Request							
Last name	First name	MI	Street address				
Wellpoint plan ID number	Birth date	City		State	ZIP code		
Fitness participant (if different from Wellpoint enrollee):							
Relationship to Wellpoint enrollee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (explain):							
Name of fitness facility or description of activity				Requested reimbursement amount			
				\$			
<input type="checkbox"/> I have engaged in physical activity an average of four or more times per month							
By checking the box above and submitting your proof of payment, you verify that you meet all eligibility requirements.					Signature		
					Date		

Send this form and proof of payment to: Wellpoint Fitness Reimbursement, POBox 4095, Woburn, MA 01888 You can also send us your paperwork through your secure Wellpoint member account or fax it to 978-474-5162.