

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

Get details about your fitness benefit and check your eligibility in your plan's Schedule of Benefits. 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 810

Somerville, MA 02145

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

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

## Please note:

You must be an Mass General Brigham Health Plan member and enrolled in a plan with a fitness benefit 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.

Qualifying fitness facilities, programs or activities include, but are not limited to, those that offer cardiovascular, strength-training equipment, aerobic, SplitFit, ClassPass memberships, Pilates, Yoga, Zumba, CrossFit, Barre fitness activities, virtual fitness subscriptions, active mobility products and services,\* and more. Visit [MassGeneralBrighamHealthPlan.org](https://MassGeneralBrighamHealthPlan.org) to see examples of qualifying fitness facilities, programs and activities.

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.

# Mass General Brigham Health Plan Fitness Benefit Coverage Request Form

## Subscriber Information *(The subscriber is the primary health insurance policyholder.)*

Last name	First name	Middle initial	
Street address	City	State	Zip
Telephone number	Member ID# <i>(located on the front of the ID card)</i>		

## Are you submitting for (please select all that apply)

- Fitness/Program/Subscription/Activity       Home Fitness Equipment

## Facility/Program/Subscription/Activity:

Name of Facility/Program/Subscription/Activity      City      State

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

What kind of membership do you have?    Family    Individual

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? \_\_\_\_\_

## Home Fitness Equipment:

Total cost: \_\_\_\_\_

Month/Year of related expense: \_\_\_\_\_ / \_\_\_\_\_

## Certification/Authorization

The subscriber must sign and date below. The fitness benefit is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information. Please note: check will be made payable to the subscriber.

Reimbursement requested for:       Subscriber       Covered dependent\*

\*Please print the full name of the covered dependent requesting reimbursement (if other than the subscriber):

\_\_\_\_\_  
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 Schedule of Benefits.

\_\_\_\_\_  
Mass General Brigham Health Plan subscriber's signature

\_\_\_\_\_  
Date