

Medicare Advantage 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.

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

- 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 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.

Fitness Benefit:

- Virtual/online fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform.
- Health clubs with a variety of cardiovascular and strength-training exercise equipment, e.g., traditional health clubs, YMCAs, YWCAs, and community fitness centers.
- Fitness classes at participating Councils on Aging (COA) facilities; fitness studios with instructor-led groups such as yoga, Pilates, Zumba®, kickboxing, CrossFit® and indoor cycling/spinning and other exercise classes.
- Home fitness equipment like weights, stationary bikes, or Peloton, for example.

Items that are excluded from the Fitness Benefit are:

- Wearables/fitness trackers
- Sports equipment (ie: bicycles, skis, tennis rackets)
- Sneakers, clothing
- Initiation fees at a country club or sports club
- Fees for personal training
- Fees for dance studios or martial arts schools

Medicare Advantage Fitness Benefit Coverage Request Form

Member Information

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY	STATE ZIP
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

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

MASS GENERAL BRIGHAM HEALTH PLAN MEMBERS SIGNATURE	DATE
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