



FITNESS REIMBURSEMENT

For UniCare plan members

What is the fitness reimbursement?

The Plan offers a \$100 reimbursement benefit toward a fitness activity. 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"> ▪ Boys & Girls Clubs of America ▪ Classes and programs such as yoga, Pilates, and spin (either in-person or online) ▪ Dance classes/studios ▪ Gyms, health clubs, and fitness centers 	<ul style="list-style-type: none"> ▪ Martial arts centers ▪ Personal trainers (either in-person and online) ▪ Sports teams ▪ Organizations and leagues designed for fitness activities (e.g., hiking, bowling, etc.)
	<ul style="list-style-type: none"> ▪ Annual or day passes (e.g., ski passes) ▪ Dues for beach or country clubs ▪ Fees for one-day events ▪ Personal or home fitness equipment ▪ Spas or spa services

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. Send, fax, or email your request and proof of payment to the address shown below 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 UniCare member ID number** on all receipts and documents.
- If you have any questions, call UniCare Member Services (**833-663-4176** for Basic, PLUS and Community Choice members or **800-442-9300** for Medicare Extension members).

Fitness Reimbursement Request

Last name	First name	MI	Street address		
UniCare plan ID number	Birth date	City		State	ZIP code

Fitness participant (if different from UniCare enrollee):
 Relationship to UniCare enrollee Self Spouse Child Other (explain):

Name of fitness facility or description of activity	Requested reimbursement amount \$
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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: UniCare Fitness Reimbursement, PO Box 9016, Andover, MA 01810-0916
You can also fax your paperwork to 978-474-5162 or email it to contact.us@anthem.com