Make your exercise pay off (literally)
Get reimbursed for your fitness center dues

Routine exercise can help you manage your weight, improve your flexibility, relieve stress and lower your risk for major health problems, such as diabetes and high blood pressure.¹

And now it can put money back in your pocket, too. We’ll reimburse you up to $400 of your fitness center membership dues!² Just work out 35 times in each six-month period with your benefit plan year at a qualifying fitness center.³, ⁴

You have a choice on how you select your fitness center and manage your gym reimbursement:

**Choice 1:** Go to a qualified fitness center, track your workouts, and send in your completed *Fitness Center Membership Verification* (FCMV) and *Gym Reimbursement* forms.

**Choice 2:** Enroll in the Active&Fit Direct™ (AFD) program through anthem.com. Once enrolled, AFD automatically tracks your visits and manages your reimbursement paperwork for you.

Visit anthem.com for additional details about the program, fitness center options and how to manage your gym reimbursement.

**Qualifying fitness centers (also see “Exclusions and limitations” on page 4):**
- Are in the U.S. and open to the public.
- Have staff oversight.⁵
- Offer regular cardio, flexibility and/or weight-training programs.

For questions, visit anthem.com or call the Member Services number on the back of your ID card.

**Choose the workouts you love, including:**⁶
- Dance
- Kickboxing
- Pilates
- Running
- Rowing
- Swimming
- Stair climbing
- Stationary cycling
- Tai chi
- Weight/resistance training
- Yoga
- Zumba®
Start working out

You have to work out 35 times during each six-month period in your benefit plan year. Your benefit plan year starts with the anniversary of your health plan’s effective date. You can only count one workout session per calendar date and the workouts must be at least eight hours apart.

Get reimbursed for your fitness center membership dues

After each six-month period or when you’ve completed 35 workouts, you can get reimbursed:

Note: If you’re enrolled in the Active&Fit Direct program, you don’t need to submit anything for reimbursement.

1. Fill out the Gym Reimbursement form.
2. Provide your fitness log with tracked workouts.
   — Use your fitness center’s computer printouts, if offered. Attach the printouts to your completed Gym Reimbursement form.
   — Fill out the fitness log on the back of the Gym Reimbursement form. A fitness center staff member needs to sign or stamp your log sheet after each workout.
3. Attach a receipt or credit card statement (if you have automatic billing) that shows you paid for the fitness center membership for the time frame you’re requesting reimbursement.
4. Include a signed copy of the FCMV form. This form needs to be submitted with your first reimbursement request and/or once per benefit plan year for each qualifying fitness center. The FCMV must also be signed by a fitness center representative.

You have two ways to send us your documents:

1. Send printed/hard copies to:
   Gym Reimbursement
   P.O. Box 509117
   San Diego, CA 92150-509117
2. Email: fitness@exerciserewards.com
   Use subject line: Gym Reimbursement Request
   Include electronic and scanned copies as attachments.

All reimbursements must be submitted within 90 days of the end of your benefit plan year. After we receive your completed forms, it takes up to 30 days to process reimbursements once the payout period ends. You won’t be reimbursed for months that services haven’t been provided yet.

To download forms

1. Log in at anthem.com.
2. Go to the Health & Wellness Center, under the Care section.
3. Select Get reimbursement forms under the Gym Reimbursements section.
Key things to keep in mind

- This program is for members aged 18 or older.
- Members and their dependents over 18 are each eligible to submit and receive the annual reimbursement maximum.
- If you become eligible or add a new dependent after the effective date of your group’s benefit plan year, you and your dependent can still take part in the program. Your workout session requirements and reimbursement will be prorated based on the number of months you are eligible for the program.
- You need to keep Anthem Blue Cross and Blue Shield (Anthem) health coverage with your current employer through the date on which you can be reimbursed.
- If you need a medical leave of absence from your exercise program, you may submit a doctor’s note to Anthem and the time period covering your leave of absence will be excluded from your eligibility period. Your workout session requirements and reimbursement will be prorated based on the number of months you were eligible to take part in the program.

To renew your participation in the program

As long as your group stays enrolled, you can take part up to your yearly contract maximum.
Exclusions and limitations

- Members younger than 18 don’t qualify for reimbursement.
- Gym Reimbursement is available if your employer has purchased the program — whether it’s bought separately or is part of a medical plan. Check with your Human Resources department or call the Member Services number on the back of your ID card to determine whether you’re eligible for the program.
- The following services and activities don’t qualify: rehabilitation services, physical therapy services, country clubs, social clubs and sports teams or leagues.
- Fees or dues for taking part in aerobic/fitness activities in clubs or centers that don’t qualify, as well as fees for personal training, lessons, such as for tennis and swimming, courses (including boot camp), homeowner’s association (HOA) fees, coaching and exercise equipment or clothing purchases, aren’t eligible for reimbursement.
- Exercise sessions at fitness centers where a membership or class agreement isn’t offered or there is no staff oversight don’t qualify.
- Reimbursements are based on the membership fees that are paid by a member up to the annual contract maximum reimbursement amount.
- Reimbursement is made based on the order of submitted requests until the maximum amount is reached.
- You won’t be reimbursed for months during which services haven’t yet been provided. If you submit requests for such months, reimbursement will be denied and you’ll need to submit a new request for reimbursement once the services have been provided.
- If your exercise sessions took place before you became eligible for the Gym Reimbursement program, they don’t qualify for reimbursement.
- Reimbursement requests received later than 90 days after the end of your benefit plan year don’t qualify.

The Gym Reimbursement and Active&Fit Direct programs aren’t covered services under your group’s medical insurance policy, but separate components of your group health plan that aren’t guaranteed under your insurance Certificate and could be discontinued at any time.

Your health plan is committed to helping you achieve your best health. If you think you might not be able to meet a standard for the available reimbursement under this wellness program, you may qualify for an opportunity to receive the same amount by different means. Contact us at 1-877-809-2746, Monday through Friday, 5 a.m.–6 p.m. PT, and we’ll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

This program is designed to help you make healthy, safe and small behavioral changes. If you choose to take part in the program, first talk to your doctor or health care provider. This program may not be safe for everyone. If you’re pregnant or have an injury or health condition, talk to a doctor before you start. Some parts of this program may not be safe if you have certain health problems. Your doctor can tell you if this program is safe for you.

This is a summary only. It’s subject to the terms, conditions, limitations and exclusions set forth in any additional riders or contracts your group may have bought. Be sure to check your benefit contract or Certificate for full details about your coverage.

1 Prior to participating in this or any other exercise program, it’s important for you to seek the advice of a doctor or other qualified health professional.
2 Up to your yearly maximum reimbursement amount, the reimbursement you get may be considered income to you and subject to state and federal taxes in the tax year it’s paid. We recommend that you consult with a tax expert on any questions regarding your tax obligations.
3 35 visits are required per member, each six-month period.
4 The benefit plan year is determined by your group’s effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two specific six-month periods within your benefit plan year. Reimbursement for the benefit plan year cannot be made more than 90 days after a benefit plan year expires.
5 Staff oversight means that, during normal operational hours, the fitness center has employees who oversee operations and attend to members. Class instructors and personal trainers must have direct supervision.

6 You must use a qualifying fitness club or center open to the public.