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Be Fit Fitness Reimbursement Form

One of the advantages of membership in a Health Alliance Medicare Advantage plan is the Be Fit fitness benefit. This flexible benefit allows you to choose the gym membership and fitness classes you want, when you want them. You pay the gym directly, and Health Alliance Medicare will reimburse you up to a total of \$30 per month for a possible yearly total of \$360.*

Reimbursement Is Easy

Simply provide the following information and your reimbursement will be processed in 2–3 weeks (plus mail time):

- Dated receipt showing the charge and the name of the gym or fitness facility
- This completed reimbursement form (available online at HealthAllianceMedicare.org)

*You can submit receipts for any combination of fitness classes and gym memberships. If your fees are more than \$30 per month, you will pay the difference. If they are less than \$30 per month, we will reimburse you for the amount you paid.

A. Member Information

Name _____

Reid Health Alliance Medicare Member ID number _____

Phone _____

Mailing address _____

City _____ State _____ ZIP _____

Email address (if applicable) _____

B. Reimbursement Information

Total reimbursement amount you're requesting \$ _____

Date or dates these expenses cover _____

C. How Be Fit Works

With Be Fit, Health Alliance Medicare reimburses you up to \$30 per month (for a possible total of \$360 per year) on gym memberships (including start-up fees) and fitness class fees. You can submit your receipts and forms by mail, fax, email or in person on a monthly, quarterly or yearly basis (no later than January 31, 2018).

Be Fit applies to standard fitness class and gym membership fees at non-residential commercial or community fitness facilities. Services that require additional fees, like personal trainers or personal equipment, are not eligible.

If your receipt reflects a family membership or multiple gym fees and totals \$30 or more, we will reimburse you the \$30, unless it's clear which portion of the charge is for you. In that case, we will reimburse you for that amount up to \$30. If you make an upfront payment, we will reimburse you on a monthly basis.

Be Fit does not apply to your out-of-pocket maximum. You can choose the gym you use. Fitness facilities do not need to be in the Health Alliance Medicare service area.

Questions?

If you have questions about Be Fit, call us at 1-877-749-3253 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from February 15 to September 30.

Health Alliance Medicare is an HMO plan with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year.

Other providers are available in our network.

Health Alliance Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame 1-877-933-2564 (TTY: 711). 注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 1-877-933-2564 (TTY: 711).