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 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)
- We must have your fitness receipt(s) within 365 days of the date printed on the receipt for us to reimburse you.

*You can submit receipts for any combination of fitness classes and gym memberships. If your fees are more than $360, you will pay the difference. If they are less than $360, we will pay you back the amount you paid.

A. Member Information

Name ______________________________________________

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 $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.

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.

You may also submit receipts for Phase III cardiac rehab visits once medical benefits have been exhausted (these cardio/pulmonary facilities do not have to be in-network).

If your receipt reflects a family membership or multiple gym fees and totals $360 or more, we will reimburse you the $360, unless it’s clear which portion of the charge is for you. In that case, we will reimburse you for that amount up to $360.

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 1-800-965-4022 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

This information is not a complete description of benefits. Call 1-800-965-4022 (TTY: 711) for more information.