

How To Get Fitness Reimbursement from Blue Cross Blue Shield of MA

1 Navigate to <https://member.bluecrossma.com/home>

IMPORTANT UPDATES

Here are the timely topics and services members like you are tapping into. Coverage may vary by plan. Be sure to check your plan's benefits for details on coverage.

 <p>GET THE NEW MYBLUE APP</p>	 <p>EXPLORE MENTAL HEALTH CARE OPTIONS</p>	 <p>WELL CONNECTION</p>	 <p>GET YOUR FITNESS/ WEIGHT-LOSS REIMBURSEMENT</p>
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Feedback

We've totally transformed the MyBlue mobile app to make understanding and using your health plan simpler than ever. Instantly tap into the resources and features you need most, like adding your member ID card to your digital wallet. With your plan in your pocket, you can stay on top of your health from anywhere, at any time. To download the MyBlue app today, scan the QR code or click below.



2 Click "GET YOUR FITNESS/ WEIGHT-LOSS REIMBURSEMENT"

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You **may** be eligible for a fitness OR weight-loss reimbursement! It's easy, quick, and paperless. And it could cover health club memberships, and fitness classes like spin, yoga, and kickboxing. Plus in-person or online weight-loss programs like WW® (formerly Weight Watchers). So don't forget to submit the form!

GET REIMBURSEMENT

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4 Click the desired Benefit Year and type of reimbursement.

MASSACHUSETTS

My Plan & Claims My Care Search Team Blue Support

Fitness & Weight-Loss Reimbursements

To start processing your fitness or weight-loss reimbursement, we'll need some details:

Select a Benefit Year*

2025
 2024

Type of reimbursement*

Fitness
 Weight Loss

Up to **\$300**** Per Year

5 Click "Continue"

MASSACHUSETTS

My Plan & Claims My Care Search Team Blue Support

Fitness & Weight-Loss Reimbursements

To start processing your fitness or weight-loss reimbursement, we'll need some details:

Select a Benefit Year*

2025
 2024

Type of reimbursement*

Fitness
 Weight Loss

Up to **\$150**** Per Year

** Reimbursement varies based on your health plan.

Want to fill out your reimbursement form online? Press continue.

Continue

* indicates a required field

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6 Select the Member's Name and Requested Amount.

Fitness Reimbursement

Members Name*

Please Select *

Reimbursement Details*

Total Requested Amount** \$ 0.00

Qualified Fitness Expense*

Fitness Expense Name

Address

State

7 Enter Expense Name.

Fitness Reimbursement

Members Name*

Please Select *

Total Requested Amount** \$ 0.00

Qualified Fitness Expense*

Fitness Expense Name

Address

State

ZIP Code

Phone Number

Feedback

8

Enter the Address, State, and Zip Code.

Please Select *

Reimbursement Details*

Total Requested Amount** \$ 0.00

Qualified Fitness Expense*

Fitness Expense Name

Address



State

ZIP Code

00000

Phone Number

() - -

(123) 456-7890

Feedback

9 Enter your phone number.

Qualified Fitness Expense*

Fitness Expense Name

Address

Please enter a valid address.

State

ZIP Code

00000

Phone Number

() - -

(123) 456-7890

Add Receipt (optional)

CHAT

Feedback

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10 Click "Upload your receipt"

Qualified Fitness Expense*

Fitness Expense Name

Address

Please enter a valid address.

State

ZIP Code

Please enter a valid address.

Phone Number

() - -

Please enter a valid phone number.

Add Receipt (optional)

Note: We accept file types pdf, tiff, png, jpg and jpeg. Your total upload size cannot exceed 9MB.

CHAT

Feedback

 **Upload your receipt**

11

Click this checkbox.

cannot exceed 9MB.



Email Confirmation*

Subscriber Email*:

[+ Add email for reimbursement confirmation.](#)

I have read my [eligibility](#) (under Routine Adult Physical Exam within your Plan Benefits) and agree to the [certification and authorization](#).

*Reimbursement may be considered taxable income. Please consult your tax advisor.

[Cancel](#)

* Indicates a required field
**Reimbursement amount is subject to change based on a member's eligibility.

[Feedback](#)

12 Click Submit.

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