UniCare

UNICARE STATE INDEMNITY PLAN

FITNESS CLUB REIMBURSEMENT

For UniCare plan members

What is the fitness club reimbursement?

The Plan offers a $100 reimbursement benefit toward membership at a fitness club. Upon proof of payment, the reimbursement is paid to the Plan enrollee (subscriber).

What types of fitness clubs qualify?

Eligible for reimbursement	Not eligible for reimbursement	
▪ Health clubs and gyms that have cardio / strength-training machines, as well as other programs for improved physical fitness	▪ Beach clubs ▪ Country clubs ▪ Dance classes/studios ▪ Exercise machines ▪ Gymnastics centers ▪ Martial arts centers	▪ Personal trainers ▪ Sports coaches ▪ Sports teams/leagues ▪ Tennis clubs ▪ Yoga classes

What information do I need to provide?

1. A completed copy of the **Fitness Club Reimbursement Form** (see other side)
2. **Proof of payment** (at least one of the following):
   - Itemized receipts from the fitness club that shows how much you paid and for what period of time
   - Copies of receipts for fitness club membership dues
   - Credit card statement or receipts
   - Statement from fitness club showing that payment was made (statement must be on the club's letterhead and have an authorized signature)

How do I submit my request for reimbursement?

Send the completed reimbursement form, proof of payment and proof of participation to the address shown in the box that appears below the form. If you prefer, you can fax your paperwork to 978-474-5162, or email it to contact.us@anthem.com.

What else do I need to know?

- **Write your UniCare member ID number** prominently on all the receipts and documents that you are sending to UniCare.
- **Keep copies** of all your receipts and documents for your records.
- We recommend that you **send proof of payment for the entire amount** instead of making several requests for lesser amounts.
- If you have any other questions, call UniCare Member Services (**833-663-4176** for Basic, PLUS and Community Choice members or **800-442-9300** for Medicare Extension members).

Reimbursement form is on the other side ➢

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FITNESS CLUB REIMBURSEMENT FORM

For UniCare plan members

PART A: About the UniCare enrollee

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

PART B: About the fitness club membership

Name of fitness club	Fitness club member (if different from UniCare enrollee)
What months are you requesting reimbursement for? (Example: 7/2021 through 12/2021)	Member's relationship to UniCare enrollee ☐ Self ☐ Spouse ☐ Child ☐ Other (explain)

Requested reimbursement amount

$

I hereby acknowledge that the information I have provided on this form is correct and complete to the best of my knowledge.	Signature	Date

Write your member ID on all paperwork.
Send this form and your proof of payment to:

UniCare State Indemnity Plan
Fitness Club 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.

See the other side of this form for complete instructions.