

BCBSRI Medicare Advantage Wellness Reimbursement Form



Section 1 – Welcome to your Wellness Reimbursement!

Congratulations on taking steps to be healthier! As a BlueCHIP for Medicare Value (HMO-POS), BlueCHIP for Medicare Extra (HMO-POS), or a HealthMate for Medicare (PPO) member you can receive a \$200 reimbursement each year for qualified wellness activities and services. (See Section 7 for examples.)

Section 2 – Please provide personal information (please print)

Member Number

Last Name	First Name	Middle Initial
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Permanent Residence Street Address (P.O. Box is not allowed)

City	State	ZIP Code
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Mailing Address (only if different from your Permanent Residence Street Address)

City	State	ZIP Code
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Billing Address (only if different from your Mailing Address)

City	State	ZIP Code
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Home Phone Number ()	Cell Phone Number ()	Alternate Phone Number ()
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Email Address

Section 3 – Wellness Reimbursement information*

Wellness Activity or Service

Name of Activity or Service Provider

Address

City	State	ZIP Code
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Amount of Reimbursement Request

Section 4 – Please sign below

Signature: _____ **Today's Date:** _____

Section 5 – Submit your form

For reimbursement, submit the Wellness Reimbursement form (on the opposite side), along with proof of payment, to the address shown below. Reimbursement requests must be received by Blue Cross & Blue Shield of Rhode Island no later than March 31 of the following year. (For example, if you participate in a fitness activity in 2020, you should submit your form by March 31, 2021.) To confirm if your wellness activity qualifies for reimbursement, call the Medicare Concierge Team at the phone number below, or visit one of our three Your Blue StoreSM locations listed below.

There are several ways you can submit your form:

By mail:

Blue Cross & Blue Shield of Rhode Island
Attn: Medicare Concierge Team
500 Exchange Street
Providence, RI 02903-2699

In person at Your Blue StoreSM:

- Warwick: Cowesett Corners, 300 Quaker Ln
- East Providence: Highland Commons, 71 Highland Ave
- Lincoln: Lincoln Mall Shopping Center, 622 George Washington Hwy

By email:

MedicareConcierge.ServiceLead@bcbsri.org

By fax:

(401) 459-5089

Section 6 – Contact information

Call the Medicare Concierge Team at 1-800-267-0439 (TTY users should call 711). Hours are October 1 - March 31, seven days a week, 8:00 a.m. to 8:00 p.m.; April 1 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m. Saturday and Sunday, 8:00 a.m. to noon. You can also use our automated answering system outside of these hours.

Section 7 – Examples of qualified wellness activities and services

*BCBSRI will provide up to \$200 reimbursement each year for the qualified health- or wellness-related activities or services below. Reimbursement is available only on the BlueCHiP for Medicare Value, BlueCHiP for Medicare Extra, and HealthMate for Medicare. Please review your Evidence of Coverage prior to submitting this form to verify your plan's reimbursement limits and covered services. Below are a few examples of covered services, please refer to your Evidence of Coverage (EOC) for a complete list of covered services.

- Participation in instructional fitness classes or physical activities
- Gym membership fees
- Registration or participation fees for road races or walking challenges
- Participation in weight loss programs such as Weight Watchers® or Jenny Craig®
- Nutritional counseling with a dietician
- Fitness equipment



500 Exchange Street • Providence, RI 02903-2699 • www.bcbsri.com/medicare

Blue Cross & Blue Shield of Rhode Island is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal. An independent licensee of the Blue Cross and Blue Shield Association.