

BCBSRI Medicare Advantage Wellness Reimbursement Form



Section 1: Welcome to your Wellness Reimbursement!

Certain BlueCHiP for Medicare, HealthMate for Medicare and BlueRI for Duals plans allow members to receive a yearly reimbursement for qualified wellness activities. Please refer to your Evidence of Coverage (EOC) for a list of qualified expenses.

To receive your reimbursement, complete and submit this form. You may also submit the required information in your own format. Requests must include the following: Name, Date of Birth, Member Number, and information from Section 3 below. Wellness reimbursements must also include proof of payment. Submit your request online, by email, or to one of the addresses listed in Section 6. Blue Cross & Blue Shield of Rhode Island (BCBSRI) must receive reimbursement requests no later than one year from the date of the activity or service. Please allow 60 days for processing.

Section 2: Personal Information

Member Number		Date of Birth	
Last Name		First Name	Middle Initial
Street Address (P.O. Box not allowed)			
City		State	Zip Code
Phone Number		Phone:	
Email Address			

Section 3: Reimbursement information

Amount of reimbursement request	Date of Purchase	Item Purchased	
		Item/Activity Provider	
Address of service provider (street, city, state, and zip code)			
Member signature		Today's date	

Section 4: Examples of qualified wellness activities

- Participation in instructional fitness classes such as yoga, pilates, zumba, tai chi, aerobics, and personal fitness training
- Participation in physical activities related to instructional lessons and classes, including but not limited to cooking, dancing, tennis, swimming, and golf
- Gym membership fees at non-participating facilities
- Registration or participation fees for road races or walking challenges
- Participation in weight loss programs such as Weight Watchers or Jenny Craig
- In-Home Fitness Equipment primarily health related (ex. free weights, treadmills, stationary bike, yoga mat)
- Visits to a licensed nutritional counselor or registered dietician for nutritional counseling service

Examples of exclusions: Meals and supplements, Athletic clothing, Athletic footwear (sneakers, cleats, etc.), out of home fitness equipment (ex. road bike, tennis racquet, outdoor sporting equipment), durable medical equipment such as braces, blood pressure machine, canes, etc.

Please review your Evidence of Coverage (EOC) prior to submitting this form to verify your plan’s reimbursement limits and a complete list of covered services.

Have questions? Contact the Medicare Concierge team or visit one of our four Your Blue StoreSM locations (contact information listed below).

Section 5: Submit your form

Please submit your request to one of the following:

<p>By email: MedicareReimbursement@bcbsri.org</p> <p>By mail: Blue Cross & Blue Shield of Rhode Island 500 Exchange Street, Providence RI, 02903.</p> <p>By fax: (401) 459-5089</p> <p>Online: Via the web portal by logging on to mybcbsri.com</p>	<p>In person at Your Blue Store*: Cranston: Marshall’s Plaza, 1325 Oaklawn Ave. East Providence: Highland Commons, 71 Highland Ave. Lincoln: Lincoln Mall Shopping Center, 622 George Washington Hwy. Warwick: Cowesett Corners, 300 Quaker Ln. Narragansett: Salt Pond Shopping Center, 91 Point Judith Road</p> <p>*Your Blue Store locations follow state and federal guidelines during emergencies. Please visit bcbsri.com/yourbluestore for the latest information.</p>
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Have questions?
 Contact our Medicare Concierge team or visit one of our five Your Blue StoreSM locations.

Section 6: Contact Information

Call our Medicare Concierge team at 1-800-267-0439 (TTY-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. and Saturday 8:00 a.m. to noon.

You can also use our automated answering system outside of these hours.