



# Healthy Lifestyles<sup>SM</sup> Solutions Fitness Program

Independence 

# With Independence Blue Cross' Fitness Program you can get up to \$150 back



You don't have to enroll in the Healthy Lifestyles Solutions Fitness Program to become eligible for reimbursement. When you meet the eligibility requirements, just submit your documentation to [ibx.com/reimbursements](http://ibx.com/reimbursements) to request reimbursement.

## Four easy steps

### 1. Join an approved fitness center.

Choose a full-service fitness center that includes amenities for continuous cardiovascular, flexibility, and resistance training. You'll find more information about choosing an approved fitness center on page 2.

### 2. Exercise at your chosen fitness center regularly.

You need to work out at your approved fitness center 120 times during a 365-day period (example: June 2014 through May 2015). Your workouts must include continuous cardiovascular, flexibility, and resistance training and last approximately 30 minutes.

### 3. Record your workouts.

Record each workout using one of the methods listed on page 4. You may record only one workout per day with a minimum of eight hours between logged workouts. After you complete 120 workouts, you can request a reimbursement.

### 4. Submit your documentation and request your reimbursement.

Log on to [ibx.com/reimbursements](http://ibx.com/reimbursements) and upload copies of the following documentation:

- proof of payment (receipts must be submitted on fitness facility letterhead, or a copy of the membership contract must accompany the receipt);
- record of your workouts (completed logbook found at the end of this document or a computer printout of your workouts from your gym).

Once all of your documentation is submitted, you can request your reimbursement be paid by direct deposit or American Express rewards card.\*

\* Please note that American Express charges a fee of \$4.00 plus three percent of reimbursement amount.

# Fitness Program guidelines



## Eligible members

In order to be eligible for reimbursement, participants must be age 18 or older.

## Selecting an approved fitness center

The Fitness Program rewards you for incorporating a well-rounded exercise program into your routine. To be eligible for the fitness center reimbursement, you must choose a full-service fitness center that offers a variety of cardiovascular, flexibility, and resistance training in a supervised setting.

## Eligible fitness centers

Eligible full-service fitness centers generally feature most of the following amenities:

- group exercise classes (e.g. aerobics, spinning, body sculpting, kickboxing)
- resistance training equipment (e.g., weight machines)
- free weights
- cardiovascular training equipment (e.g., treadmills, stationary bicycles, elliptical trainers)
- pool for swimming laps
- track for running/walking

## Ineligible fitness centers

Membership at athletic clubs that focus primarily on a single competitive or recreational sports activity are not eligible for reimbursement, even if the activity includes elements of a comprehensive exercise program. While we recognize that activities such as martial arts, rowing, tennis and basketball are excellent ways to stay fit, they often do not require consistent, year-round attendance or proper supervision. Nor do these activities incorporate all the elements of a comprehensive exercise program. Therefore, participation in these programs does not qualify for reimbursement. Examples of ineligible programs and facilities include:

- tennis/squash/racquetball
- basketball
- golf
- Pilates/yoga class
- martial arts/karate class
- sports leagues
- recreational swim clubs
- dance instruction
- outdoor "boot camp" style program
- sculling/style program rowing
- chiropractic services

## Lifetime fitness center memberships

If you purchase a lifetime membership at a fitness center, you are eligible to receive a reimbursement of up to \$150 of the membership fees paid once per calendar year as long as the required number of workouts are completed.

## Family fitness center memberships

Family memberships are eligible for the reimbursement under the following conditions:

- Each family member who requests the reimbursement must be listed on the membership contract.
- Each family member who requests the reimbursement must individually participate in the Fitness Program and fulfill all Fitness Program reimbursement requirements.

Each eligible family member may receive reimbursement of up to \$150 of his or her portion of the total annual membership fees once per calendar year.

### Example:

- Family fitness center annual contract fee is \$700.
- Four family members are listed on the family fitness facility contract.
- Two family members are 18 or older and, therefore, are eligible for reimbursement.
- $\$700 \div 2 = \$350$  (each eligible family member's portion of the total contract fee).

In this example, if the two eligible family members complete all Fitness Program requirements, each will receive up to \$150 (his or her portion of the family fitness facility annual contract fee). If only one eligible member completes all Fitness Program requirements, the family member will receive up to \$150 (his or her portion of the family fitness facility annual contract fee).

# Reimbursement rules and requirements



- You must complete 120 workouts during a 365-day Fitness Program period. However, the 365-day time period does not need to be within the same calendar year as the reimbursement. For example, you could get a reimbursement paid out in January 2015 for 120 workouts documented in 2014.
- You must have coverage with Independence Blue Cross at the time of your request for reimbursement.
- You are only eligible for one reimbursement per program, per calendar year.
- Dependents must be at least 18 years old to be eligible for reimbursement.
- Logging in for another member at a fitness center is prohibited.
- Falsification of information in order to receive your reimbursement is strictly prohibited.

## How to record your workouts

Choose a primary method of recording your workouts that works best for you:

- logbook on page 6
- computer printout from your fitness center that shows all workout dates

## Record workouts using the logbook

To record workouts using the logbook on page 6, ask a fitness center representative to sign and date the logbook each time you work out.

You may also use the logbook to record your workouts when you visit a fitness center other than your primary fitness center (e.g., when you work out while traveling or vacationing out of town).

## Record workouts using a fitness center's computer printouts

You may choose to use your fitness center's computer printout as your primary method of logging workouts. However, keep in mind that Independence Blue Cross cannot assume any responsibility for the reliability of fitness center computer systems. For this reason, if you select a fitness center computer printout as your primary method of logging workouts, you also accept the risk that all your workouts may not be credited toward your reimbursement should your fitness center have technical issues.

## Other important information

- Independence Blue Cross does not guarantee the solvency of any fitness center and, therefore, has no liability should a fitness center close.
- For members other than those enrolled in a Medicare Advantage plan, Healthy Lifestyles Solutions programs are value-added. They are not part of the health care benefits you have purchased and, therefore, are subject to change without notice.
- At Independence Blue Cross, we encourage all of our members to adopt and maintain a regular fitness program. However, if you are 40 or older, overweight, have a history of high blood pressure or heart disease, or have any other health concerns related to exercise, you are encouraged to consult your doctor before beginning any exercise program.
- If you are unable to complete workouts due to a medical procedure, please call 1-800-590-8880.

---

### Questions?

Call Healthy Lifestyles  
Solutions at 1-800-590-8880.

---

# Healthy Lifestyles<sup>SM</sup> Solutions Fitness Logbook

Member name \_\_\_\_\_

ID # \_\_\_\_\_

*Instructor/fitness facility representative must acknowledge each workout with date and signature.  
Credit will only be issued for workouts completed during supervised hours.*

Date	Fitness facility representative signature	Workout time	
1.			<input type="checkbox"/> am <input type="checkbox"/> pm
2.			<input type="checkbox"/> am <input type="checkbox"/> pm
3.			<input type="checkbox"/> am <input type="checkbox"/> pm
4.			<input type="checkbox"/> am <input type="checkbox"/> pm
5.			<input type="checkbox"/> am <input type="checkbox"/> pm
6.			<input type="checkbox"/> am <input type="checkbox"/> pm
7.			<input type="checkbox"/> am <input type="checkbox"/> pm
8.			<input type="checkbox"/> am <input type="checkbox"/> pm
9.			<input type="checkbox"/> am <input type="checkbox"/> pm
10.			<input type="checkbox"/> am <input type="checkbox"/> pm
11.			<input type="checkbox"/> am <input type="checkbox"/> pm
12.			<input type="checkbox"/> am <input type="checkbox"/> pm
13.			<input type="checkbox"/> am <input type="checkbox"/> pm
14.			<input type="checkbox"/> am <input type="checkbox"/> pm
15.			<input type="checkbox"/> am <input type="checkbox"/> pm
16.			<input type="checkbox"/> am <input type="checkbox"/> pm
17.			<input type="checkbox"/> am <input type="checkbox"/> pm
18.			<input type="checkbox"/> am <input type="checkbox"/> pm
19.			<input type="checkbox"/> am <input type="checkbox"/> pm
20.			<input type="checkbox"/> am <input type="checkbox"/> pm
21.			<input type="checkbox"/> am <input type="checkbox"/> pm
22.			<input type="checkbox"/> am <input type="checkbox"/> pm
23.			<input type="checkbox"/> am <input type="checkbox"/> pm
24.			<input type="checkbox"/> am <input type="checkbox"/> pm
25.			<input type="checkbox"/> am <input type="checkbox"/> pm
26.			<input type="checkbox"/> am <input type="checkbox"/> pm
27.			<input type="checkbox"/> am <input type="checkbox"/> pm
28.			<input type="checkbox"/> am <input type="checkbox"/> pm
29.			<input type="checkbox"/> am <input type="checkbox"/> pm
30.			<input type="checkbox"/> am <input type="checkbox"/> pm

Date	Fitness facility representative signature	Workout time	
31.			<input type="checkbox"/> am <input type="checkbox"/> pm
32.			<input type="checkbox"/> am <input type="checkbox"/> pm
33.			<input type="checkbox"/> am <input type="checkbox"/> pm
34.			<input type="checkbox"/> am <input type="checkbox"/> pm
35.			<input type="checkbox"/> am <input type="checkbox"/> pm
36.			<input type="checkbox"/> am <input type="checkbox"/> pm
37.			<input type="checkbox"/> am <input type="checkbox"/> pm
38.			<input type="checkbox"/> am <input type="checkbox"/> pm
39.			<input type="checkbox"/> am <input type="checkbox"/> pm
40.			<input type="checkbox"/> am <input type="checkbox"/> pm
41.			<input type="checkbox"/> am <input type="checkbox"/> pm
42.			<input type="checkbox"/> am <input type="checkbox"/> pm
43.			<input type="checkbox"/> am <input type="checkbox"/> pm
44.			<input type="checkbox"/> am <input type="checkbox"/> pm
45.			<input type="checkbox"/> am <input type="checkbox"/> pm
46.			<input type="checkbox"/> am <input type="checkbox"/> pm
47.			<input type="checkbox"/> am <input type="checkbox"/> pm
48.			<input type="checkbox"/> am <input type="checkbox"/> pm
49.			<input type="checkbox"/> am <input type="checkbox"/> pm
50.			<input type="checkbox"/> am <input type="checkbox"/> pm
51.			<input type="checkbox"/> am <input type="checkbox"/> pm
52.			<input type="checkbox"/> am <input type="checkbox"/> pm
53.			<input type="checkbox"/> am <input type="checkbox"/> pm
54.			<input type="checkbox"/> am <input type="checkbox"/> pm
55.			<input type="checkbox"/> am <input type="checkbox"/> pm
56.			<input type="checkbox"/> am <input type="checkbox"/> pm
57.			<input type="checkbox"/> am <input type="checkbox"/> pm
58.			<input type="checkbox"/> am <input type="checkbox"/> pm
59.			<input type="checkbox"/> am <input type="checkbox"/> pm
60.			<input type="checkbox"/> am <input type="checkbox"/> pm

Date	Fitness facility representative signature	Workout time		Date	Fitness facility representative signature	Workout time	
61.			<input type="checkbox"/> am <input type="checkbox"/> pm	91.			<input type="checkbox"/> am <input type="checkbox"/> pm
62.			<input type="checkbox"/> am <input type="checkbox"/> pm	92.			<input type="checkbox"/> am <input type="checkbox"/> pm
63.			<input type="checkbox"/> am <input type="checkbox"/> pm	93.			<input type="checkbox"/> am <input type="checkbox"/> pm
64.			<input type="checkbox"/> am <input type="checkbox"/> pm	94.			<input type="checkbox"/> am <input type="checkbox"/> pm
65.			<input type="checkbox"/> am <input type="checkbox"/> pm	95.			<input type="checkbox"/> am <input type="checkbox"/> pm
66.			<input type="checkbox"/> am <input type="checkbox"/> pm	96.			<input type="checkbox"/> am <input type="checkbox"/> pm
67.			<input type="checkbox"/> am <input type="checkbox"/> pm	97.			<input type="checkbox"/> am <input type="checkbox"/> pm
68.			<input type="checkbox"/> am <input type="checkbox"/> pm	98.			<input type="checkbox"/> am <input type="checkbox"/> pm
69.			<input type="checkbox"/> am <input type="checkbox"/> pm	99.			<input type="checkbox"/> am <input type="checkbox"/> pm
70.			<input type="checkbox"/> am <input type="checkbox"/> pm	100.			<input type="checkbox"/> am <input type="checkbox"/> pm
71.			<input type="checkbox"/> am <input type="checkbox"/> pm	101.			<input type="checkbox"/> am <input type="checkbox"/> pm
72.			<input type="checkbox"/> am <input type="checkbox"/> pm	102.			<input type="checkbox"/> am <input type="checkbox"/> pm
73.			<input type="checkbox"/> am <input type="checkbox"/> pm	103.			<input type="checkbox"/> am <input type="checkbox"/> pm
74.			<input type="checkbox"/> am <input type="checkbox"/> pm	104.			<input type="checkbox"/> am <input type="checkbox"/> pm
75.			<input type="checkbox"/> am <input type="checkbox"/> pm	105.			<input type="checkbox"/> am <input type="checkbox"/> pm
76.			<input type="checkbox"/> am <input type="checkbox"/> pm	106.			<input type="checkbox"/> am <input type="checkbox"/> pm
77.			<input type="checkbox"/> am <input type="checkbox"/> pm	107.			<input type="checkbox"/> am <input type="checkbox"/> pm
78.			<input type="checkbox"/> am <input type="checkbox"/> pm	108.			<input type="checkbox"/> am <input type="checkbox"/> pm
79.			<input type="checkbox"/> am <input type="checkbox"/> pm	109.			<input type="checkbox"/> am <input type="checkbox"/> pm
80.			<input type="checkbox"/> am <input type="checkbox"/> pm	110.			<input type="checkbox"/> am <input type="checkbox"/> pm
81.			<input type="checkbox"/> am <input type="checkbox"/> pm	111.			<input type="checkbox"/> am <input type="checkbox"/> pm
82.			<input type="checkbox"/> am <input type="checkbox"/> pm	112.			<input type="checkbox"/> am <input type="checkbox"/> pm
83.			<input type="checkbox"/> am <input type="checkbox"/> pm	113.			<input type="checkbox"/> am <input type="checkbox"/> pm
84.			<input type="checkbox"/> am <input type="checkbox"/> pm	114.			<input type="checkbox"/> am <input type="checkbox"/> pm
85.			<input type="checkbox"/> am <input type="checkbox"/> pm	115.			<input type="checkbox"/> am <input type="checkbox"/> pm
86.			<input type="checkbox"/> am <input type="checkbox"/> pm	116.			<input type="checkbox"/> am <input type="checkbox"/> pm
87.			<input type="checkbox"/> am <input type="checkbox"/> pm	117.			<input type="checkbox"/> am <input type="checkbox"/> pm
88.			<input type="checkbox"/> am <input type="checkbox"/> pm	118.			<input type="checkbox"/> am <input type="checkbox"/> pm
89.			<input type="checkbox"/> am <input type="checkbox"/> pm	119.			<input type="checkbox"/> am <input type="checkbox"/> pm
90.			<input type="checkbox"/> am <input type="checkbox"/> pm	120.			<input type="checkbox"/> am <input type="checkbox"/> pm

