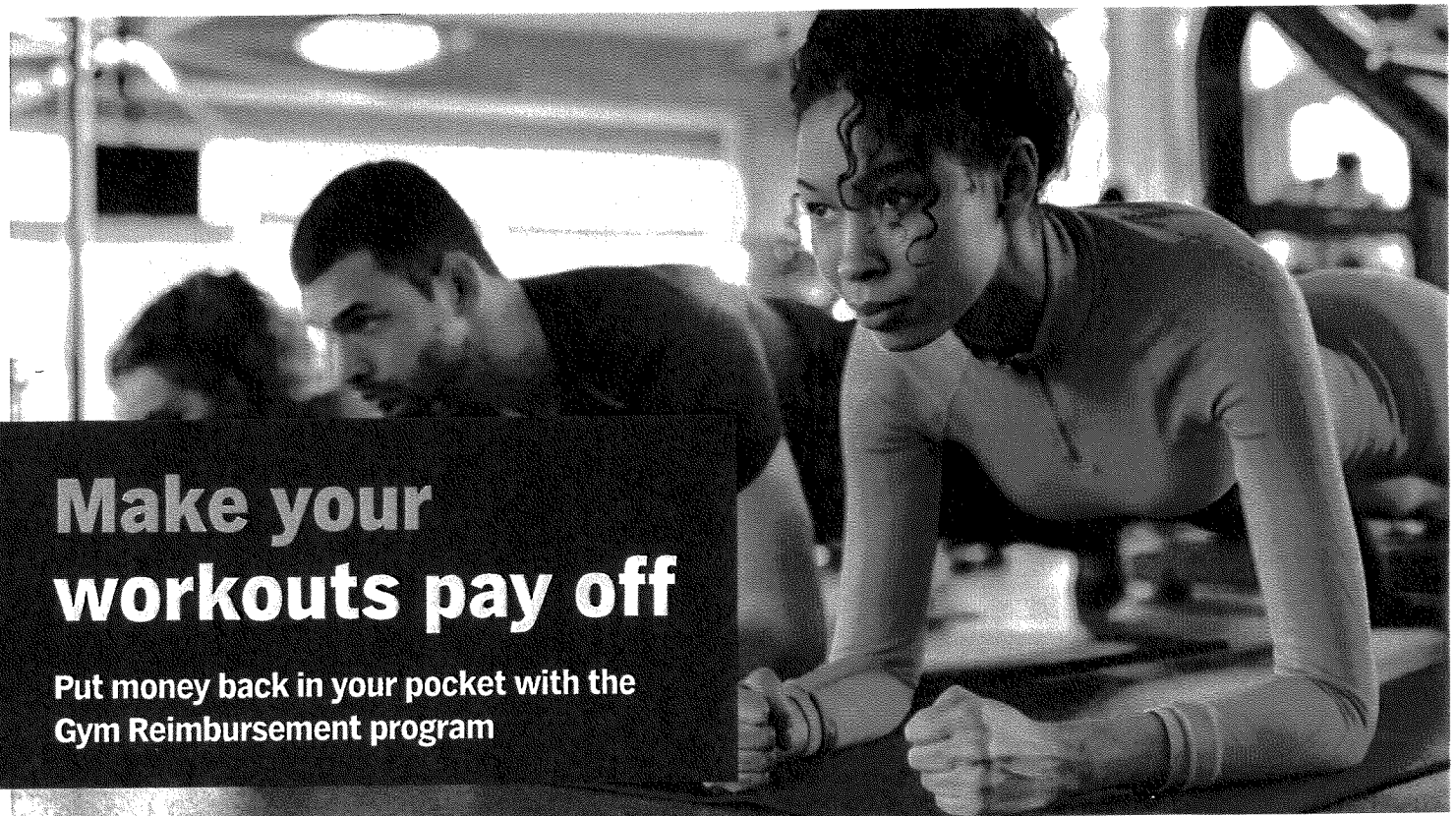




Make your workouts pay off

Put money back in your pocket with the Gym Reimbursement program

Exercising regularly is one of the best things you can do for your health. Now, it's good for your wallet, too. When you join Anthem's Gym Reimbursement program, we will pay back up to \$400 of you and your family's fitness membership dues per year.

Step 1: Choose how you work out²



Traditional fitness center¹



Virtual or livestream fitness classes
or subscriptions¹



A fitness center through the Active&Fit
ExerciseRewards™, which includes
thousands of locations nationwide

See Frequently Asked Questions (FAQ) for more details about what kinds of locations qualify.

To enroll in the Active&Fit ExerciseRewards program or learn more about it, log in at anthembluecross.com. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

Step 2: Track your workouts

You and any participating family members must each log at least 35 workouts during each six-month period in your benefit plan year to qualify for reimbursement.²

How to track workouts:

Traditional fitness centers

Get a copy of their records of your visits. You can also fill out the fitness log on the *Visit Submission* form and have a fitness center employee sign it.

Virtual classes

You can send screen captures showing your attendance, a workout log from the virtual class, or a combination of the two.

Fitness centers through the Active&Fit ExerciseRewards program

If you are enrolled in a participating Active&Fit fitness center, you don't need to track your workouts. The fitness center tracks and submits your visits for you.

Step 3: Submit your receipts

Traditional fitness centers and virtual classes:

- Download and fill out the *Visit Submission* form.
- Include a copy of a receipt or credit card statement that shows payment for the months you're asking for reimbursement.
- Send the form and your workout records to the mailing address or email listed on the *Visit Submission* form.

Fitness centers through the Active&Fit ExerciseRewards program:

- If you are enrolled in a participating Active&Fit fitness center, you don't need to submit receipts. The fitness center will handle this for you.

Step 4: Get paid back

Once we receive your completed forms, it can take up to 30 days to process your payment. If you're enrolled in an Active&Fit fitness center, your reimbursements will be processed automatically.

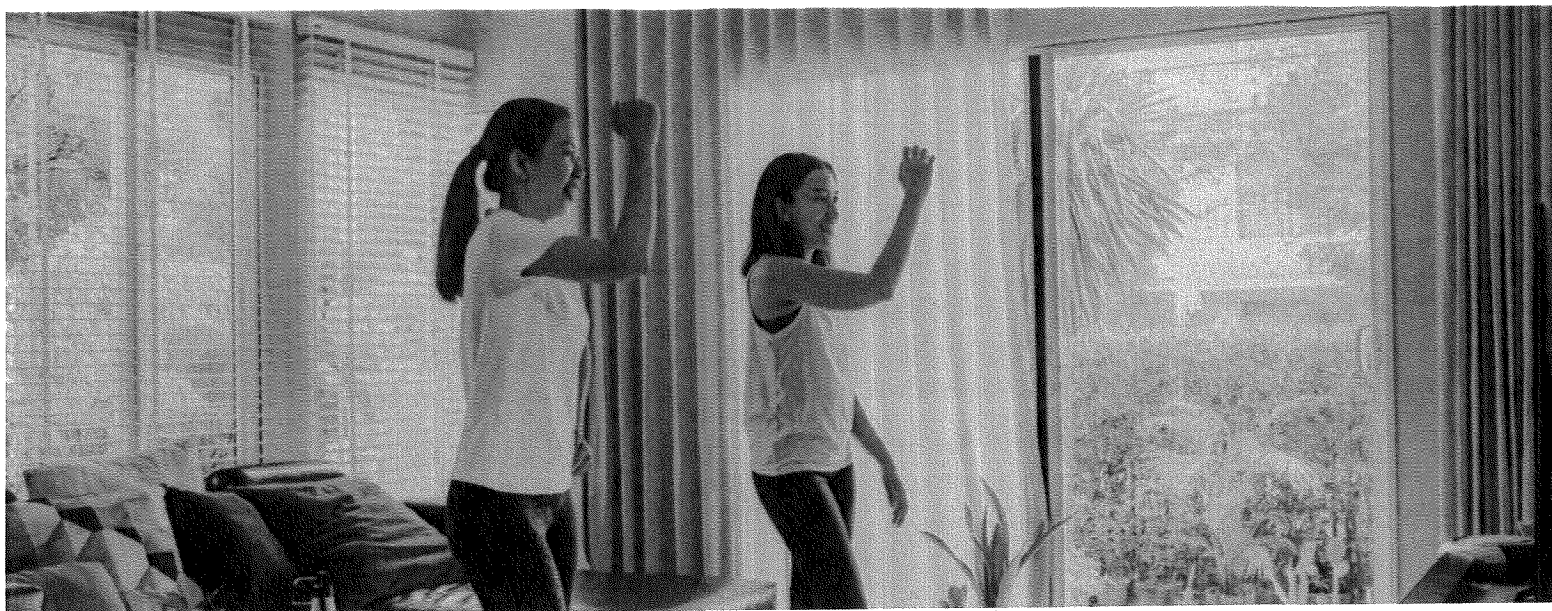


Start tracking your visits

To download the *Visit Submission* form, log in at **anthembluecross.com**. Go to *My Health Dashboard* and select **Programs**. Then go to the *Gym Reimbursement* section and

Choose your favorite workouts, including:²

- Barre
- Boxing
- Cardio
- Dance, Zumba®
- High-intensity interval training (HIIT)
- Indoor cycling, Peloton®
- Kickboxing
- Pilates
- Strength training
- Swimming
- Yoga



Frequently asked questions

Who is eligible?

This program is open to you and your family as long as you are all covered by an Anthem health plan.

If you become eligible or add a new dependent after your group's benefit plan year starts, you and your dependent(s) can still take part in the program. The workout requirements and reimbursement will be based on the number of months you are eligible.

How much will Anthem pay me back?

We will pay back up to \$400 of fitness membership dues for you and your family per year.

How many times do I need to work out?

To be reimbursed, each program participant must log at least 35 workouts at a qualifying fitness center or virtual classes in each six-month period within the plan benefit year.¹

What is the Active&Fit ExerciseRewards program?

The Active&Fit ExerciseRewards program offers a network of thousands of participating fitness centers nationwide. As a member of the program, you'll enjoy substantially discounted fitness center membership rates, and you can cancel or change anytime. For more information, log in at anthembluecross.com. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

What if I change health plans or lose my Anthem coverage?

You must have Anthem health coverage through your current employer the entire time you take part in the program.

Which types of fitness-related expenses qualify?

Memberships at qualified gyms, health clubs, and fitness centers, as well as qualified online and app-based fitness programs, are eligible.²

What are qualified fitness centers and online programs?

Qualifying facilities and programs include fitness centers, gyms, and studios that:

- Offer monthly memberships or collect dues.
- Are open to the public.
- Have staff oversight, meaning employees that oversee operations and attend to members during operational hours. Class instructors don't count.
- Hold regularly scheduled cardio, flexibility, and/or weight-training programs.
- Offer virtual on-demand or livestream workout classes.²

Which types of fitness-related expenses don't qualify?

- Rehabilitation, physical therapy, and massages
- Memberships for country clubs, tennis clubs, social clubs, and sports teams or leagues
- Personal training or coaching lessons
- Services at weight loss clinics, spas, or similar facilities
- Exercise sessions before you became eligible for the program
- Exercise sessions at fitness centers where a membership or class agreement isn't offered or there's no staff oversight
- Fees or dues, such as homeowner's association fees or gym access that's included in your rent, or for fitness activities in clubs or centers that don't qualify

Does the program pay for equipment or gear?

No, items such as exercise or sports equipment, clothing, shoes, and vitamins are not eligible for reimbursement, even if they are sold by the gym you attend.

When will I be reimbursed?

You must submit your reimbursement forms within 90 days of the end of your benefit plan year. Once we receive your completed forms, it takes up to 30 days to process payment.

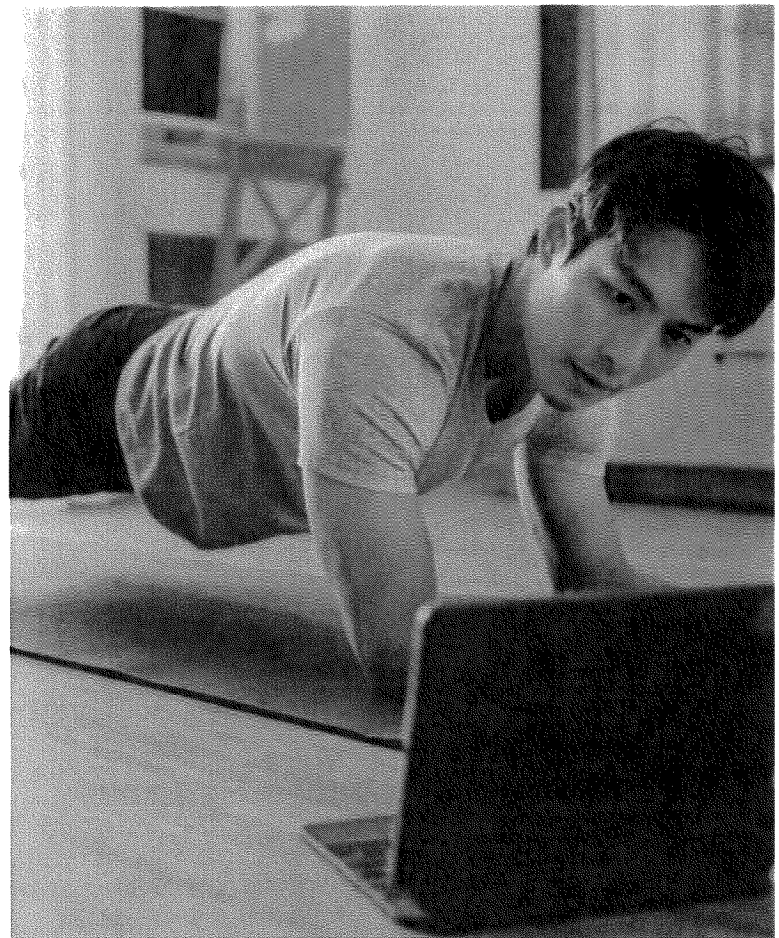
Reimbursement requests received more than 90 days after the end of your benefit plan year don't qualify. You also can't request reimbursement for future expenses.

What if I take a medical leave of absence?

Submit a doctor's note to Anthem and the time period covering your medical leave of absence will be excluded from your eligibility period. Your workout requirements and reimbursement will be based on the number of months you were able to participate.

How do I renew my participation in the program?

As long as you keep your Anthem plan and your employer stays enrolled in the program, you can participate. Simply continue to complete and submit the forms.



Do you have questions?

Log in at anthembluecross.com to live chat with us, or call Member Services at the number on your ID card.

For questions about the Active&Fit ExerciseRewards program, contact their support team at fitnessservice@ashn.com or 877-771-2746.

We'll distribute your reimbursements in the order you submit your receipts, until you reach the maximum amount.

The Active&Fit ExerciseRewards program is not a covered service under your group's health plan. It is an addition. The program's features are not guaranteed under your health plan Certificate and could be discontinued at any time.

This program may not be safe for everyone. Talk to your doctor or care provider before you start, especially if you are pregnant or have an injury or health condition. Contact us at 671-809-2746, Monday through Friday, 8 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

The reimbursement may be considered income and subject to state and federal taxes in the tax year it's paid. We recommend that you consult with a tax advisor if you have questions about your tax obligations.

This is a summary only. It's subject to the terms, conditions, limitations, and exclusions set forth in additional riders or contracts your group may have in effect. Check your benefit contract or Certificate for full details.

1. The benefit plan year is determined by your group's effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two sequential six-month periods within your benefit plan year.

2. To be eligible for reimbursement, you must use a qualifying fitness club or center open to the public, or attend online/virtual workout classes that serve the primary purpose of improving or maintaining physical health and require a membership fee that is billed monthly, annually, or semiannually.

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Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross-HIP is the trade name of Anthem HIP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Fitness Center Submission Form (FCSF)

Submit this form to request gym reimbursement within the specified 6-month period (traditional fitness center or online/virtual classes). Please complete one form per fitness center you use.

Fill in your full name below, and then have your fitness center complete the rest of this page. A fitness center representative must sign this form if you are attending a traditional freestanding fitness center. Submit this completed form and proof of payment via email* to: **Fitness@ExerciseRewards.com**. You will receive an automated acknowledgment within a few minutes.

*** Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

Last Name _____ First Name _____ M.I. _____
Date of Birth _____ Health Plan ID _____

Fitness Center Information

(Fitness center information must be legible and complete for your reward to be processed.)

Fitness Center Name _____
Fitness Center Address (Number, Street, Suite) _____
City _____ State _____ ZIP+4 _____ - Phone _____

Type of Arrangement: ☐ Fitness Center Agreement ☐ Signed Application ☐ Other - Please Explain _____

Membership: ☐ Individual membership ☐ Family membership—If family membership, list names below:

Membership Term : Amount Paid for Membership \$ _____

☐ Month-to-Month Start Date _____ End Date _____
☐ Annual Membership Start Date _____ End Date _____
☐ Other _____ Start Date _____ End Date _____

Check the boxes that apply and fill in the year for all months for which you are requesting reimbursement. Please note: Only the months that are checked will be considered for reimbursement. Only dues for previous months will be reimbursed.

☐ January 20____ ☐ February 20____ ☐ March 20____ ☐ April 20____
☐ May 20____ ☐ June 20____ ☐ July 20____ ☐ August 20____
☐ September 20____ ☐ October 20____ ☐ November 20____ ☐ December 20____

Fitness Center Attestation:

I, _____ (fitness center representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness center.

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: _____
Signed _____ Printed _____ Date _____

Member Signature: _____
Signed _____ Printed _____ Date _____



Online/Virtual Class Information

Online/Virtual Class Membership Term:

☐ Individual Classes (Online/Virtual) Start Date _____ End Date _____

Online/Virtual Class Attestation:

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Member Signature:

Signed

Printed

Date

**Submission Requirements:**

- Completed FCSF
- Valid proof of payment (receipt or credit card statement)

If you are not able to submit the submission requirements via email, please mail them to:

Active&Fit ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117

Please be advised that a copy of your fitness center agreement may be requested. Failure to submit this form completed with all required information may result in a denial of reimbursement. If you attend multiple fitness centers, please submit the first page of this form for each location.

Once your request is processed, a check will be mailed to you within 30 days.

Remember:

- **For Traditional Fitness Centers:** Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to the Active&Fit Enterprise™ website for exclusions and limitations.
- **For Online/Virtual/Live-Streaming Fitness Classes:** Recognized online/virtual, at-home workout classes, or live streaming classes are defined as one that exists for the primary purpose of improving or maintaining physical health and requires a membership fee to be billed monthly, annually, or semi-annually. Includes online/virtual classes purchased individually, on a monthly basis, or as part of a membership (i.e., yoga, tai chi, Pilates).

This Form must be received **no later than 90 days** following the end of each benefit plan year. For questions, contact Active&Fit ExerciseRewards customer service at **877-809-2746**.

Please be aware Fitness@ExerciseRewards.com is for submitting your Active&Fit ExerciseRewards paperwork only. If you have any questions, please email Fitness Customer Service at FitnessService@ashn.com, or call **877-809-2746**.

Gym reimbursement programs are not Covered Services under your group's medical insurance policy, but are separate components of your Group Health Plan which are not guaranteed under your insurance Certificate and could be discontinued at any time.

Maximum annual reimbursement amount applies regardless of the number of members covered under your contract per benefit plan year. Please see your program brochure for details.

Up to your yearly maximum reimbursed amount, the amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

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