

Get \$150 back!

Earn a reimbursement for working out regularly



Looking for motivation to exercise?

The Healthy LifestylesSM Fitness Program will reimburse you \$150 for working out regularly.

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 may also submit a reimbursement request for virtual fitness subscriptions or apps and membership costs for workouts.
- 2. Exercise regularly.** Complete 120 workouts within a calendar year, either at a fitness center or through a virtual fitness program. You may combine workouts from a fitness center with virtual programs to meet the 120 workout requirement.
- 3. Record your workouts.** After you complete 120 workouts, you can request reimbursement. Your logged workouts must be at least eight hours apart.
- 4. Submit your documentation.** Log in at ibx.com, select *Rewards & Incentives* from the menu on the left of your Dashboard, and then click *Savings & Reimbursements*. Choose the appropriate reimbursement program, sign in on the Reimbursement site, and upload copies of the following documentation: proof of payment and a record of your workouts. Once your documentation is submitted, you can request your reimbursement to be paid by direct deposit or a Visa rewards card.*

Start your well-being journey today!

Log in at ibx.com or download the IBX mobile app.

Program guidelines

Eligible members

Participants must be 18 or older.

Selecting an approved fitness center

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, pilates, yoga)
- 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

*Please note that Visa charges a \$4 fee plus three percent of the reimbursement amount.

Independence 

IBX

Ineligible fitness centers

Memberships at athletic clubs that feature a single competitive or recreational sports activity are not eligible for reimbursement, including programs and facilities focused on:

- Tennis/squash/racquetball
- Basketball
- Golf
- Martial arts/karate class
- Sports leagues
- Recreational swim clubs
- Dance instruction
- Outdoor “boot camp” style program
- Sculling-style rowing program
- Chiropractic services

Family fitness center memberships

Family memberships are subject to the following conditions:

- Each family member who requests a reimbursement must be listed on the membership contract.
- Each family member who requests a 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.

Workouts outside of a fitness facility

Activity and membership costs for virtual fitness programs through digital subscriptions or apps may be submitted in addition to or in place of workouts within a fitness center.

Please note that the 120-workout requirement applies to the activity taking place outside of a fitness facility, and 120 workouts must be completed in order to earn a reimbursement. Virtual fitness programs must have a membership fee associated with the program and must allow you to record your completed workouts in order to be eligible for reimbursement. Examples include, but are not limited to, Peloton, Tonal®, lululemon Studio, iFit, and BODI®.

To provide proof of workouts, submit screenshots from the virtual program showing a log or calendar view indicating that you have completed 120 workouts.

Reimbursement rules and requirements

- You must complete 120 workouts during a calendar year.
- You must have coverage with Independence Blue Cross (IBX) 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

- **Use the logbook:** To record workouts using the logbook on page 3, 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 out of town).
- **Use 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 IBX 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.
- **Use screenshots for a virtual program:** To submit proof of your 120 workouts tracked through a virtual fitness subscription or app, submit screenshots from the virtual program showing a log or calendar view.

Other important information

- IBX 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 programs are not part of the health care benefits you have purchased and, therefore, are subject to change without notice.
- 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**.

You are eligible for one reimbursement per program per calendar year.

Questions?

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

Peloton, Tonal, lululemon Studio, iFit, and BODI are separate companies and do not sell or provide Blue Cross products or services.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.



Healthy LifestylesSM

Fitness Program 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