




BLUECROSS BLUESHIELD

An independent licensee of the Blue Cross
and Blue Shield Association



Exercise Rewards™



Get Reimbursed for **Working Out!**

You may enjoy increased strength, improved flexibility, and better weight management by taking advantage of ExerciseRewards, an exciting new program that offers reimbursement up to a set amount toward your gym membership dues*.

ExerciseRewards™

In addition to receiving your exercise reward, you and your eligible dependents* may register today on empireblue.com to take advantage of the following:

-  Favorable membership rates at 14,000 fitness facilities across the country
-  Online tools and trackers to help you monitor your progress
-  Custom meal and exercise plans
-  A library of articles on health-related topics as well as self-guided coaching courses that empower you to learn as you go and help you set future fitness goals

To find a list of participating fitness clubs and exercise centers, simply register by going to empireblue.com, clicking on the 360° Health® and selecting the link to ExerciseRewards.com.

If you prefer to call to receive a list of participating fitness clubs and exercise centers in your area, just call **1-877-810-2746**, Monday through Friday, 8 a.m. to 9 p.m. Eastern time.






* See enclosed letter for reward amount. Dependents must be covered members and 18 years of age or older to participate.

Getting reimbursed is **easy!**

Requests for reimbursement can be sent as often as monthly but must be submitted within three months of the end of your group contract year.

If you pay membership dues in advance, you should only submit claims for dues paid for prior periods. You will not be reimbursed for months for which services have not yet been provided. If you submit claims for months for which services have not yet been provided, the claims will be denied and you will need to submit new claims for reimbursement once the services have been provided.

The following documents should be submitted:

-  Completed claim form; for additional forms, you may copy this form, obtain a downloadable form at empireblue.com, or call ExerciseRewards customer service (877-810-2746)
-  Copy of your signed fitness club/exercise center membership agreement
-  Copy of your receipt for membership dues

Send your documentation to the following address:

ExerciseRewards
P.O. Box 509001
San Diego, CA 92150-9001

Your claim will be processed within 30 days of receipt of your completed documentation.

ExerciseRewards is provided by American Specialty Health Networks, Inc. (ASH Networks) and Healthroads, Inc., subsidiaries of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Members are not required to participate at an ASH Networks fitness facility to be eligible for the reward. ExerciseRewards and the ExerciseRewards logo are trademarks of ASH. Program year begins upon registration. Healthroads is a health improvement and education program and is not insurance. ASH is a separate company that administers the ExerciseRewards program on behalf of Empire.

Eligibility Requirements

ExerciseRewards eligibility requirements are listed below:

- You must maintain health plan coverage through the dates for which you become eligible to receive your reward.
- If you become eligible or add a new dependent after the effective date of your group's contract year start date, you/your dependent may still participate. Your reimbursement amount will be prorated based on the number of months in which you were eligible to participate.
- Reimbursement is available to all eligible family members up to a contract maximum per year. Not all family members may receive reimbursement. Reimbursement is made based on the order of claim submission until the annual contract maximum is exhausted. Family members 18 and older are eligible for participation.

Members should not begin a fitness program, be in a fitness program, or attempt to meet the minimum requirements of this reward program if he/she is not under the care of a physician or have not been approved for physical activity by a physician.





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Exercise Rewards Program Claim Form

To expedite the processing of your claim, please complete this claim form and attach a copy of your signed Membership Agreement with the Fitness Facility and a copy of your payment receipt. Without the attached agreement or invoice and payment receipt we will be unable to consider your claim for reimbursement.

Subscriber Information

Subscriber Name (Last, First, MI)	Subscriber ID

Member Information

Member's Name (Last, First, MI)	Member's Member ID	
Member's Date of Birth	Member's Sex	Relationship to Subscriber
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>
Member's Address		
Street		
City	State	Zip
I am requesting reimbursement for the Month(s) Year(s) of: (Please note reimbursement will only be made for prior months)		
<input type="checkbox"/> January 20__ <input type="checkbox"/> February 20__ <input type="checkbox"/> March 20__ <input type="checkbox"/> April 20__ <input type="checkbox"/> May 20__		
<input type="checkbox"/> June 20__ <input type="checkbox"/> July 20__ <input type="checkbox"/> August 20__ <input type="checkbox"/> September 20__ <input type="checkbox"/> October 20__		
<input type="checkbox"/> November 20__ <input type="checkbox"/> December 20__		

I certify that the information above is correct. I also understand that it is a crime to knowingly make any false statement to obtain compensation.

Member's Signature	Date

Please mail your completed claim form to:

ExerciseRewards
P.O. BOX 509117
SAN DIEGO, CA 92150-9117

Warning: Submitting false information or claims may result in termination from the ExerciseRewards Program and may be punishable by law.

ExerciseRewards is provided by American Specialty Health Networks, Inc. (ASH Networks) and Healthyroads, Inc., subsidiaries of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Members are not required to participate at an ASH Networks fitness facility to be eligible for the reward. ExerciseRewards and the ExerciseRewards logo are trademarks of ASH. Program year begins upon registration on EmpireBlue.com. Healthyroads is a health improvement and education program and is not insurance. ASH is a separate company that administers the ExerciseRewards program on behalf of Empire.