

Weight-Loss Benefit

PRACTICING GOOD HABITS PAYS OFF

Enroll in a weight-loss program and receive up to \$150.



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

IT PAYS TO LOSE WEIGHT

To celebrate all you do, we've put together up to \$150 in weight-loss reimbursements.

HOW IT WORKS

When you enroll in a qualified weight-loss program, you can receive up to \$150 per calendar year toward your program fees.*

Qualified for Reimbursement:

- Hospital-based programs and WW (formerly known as Weight Watchers[®]) in-person
- WW online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.

Not Qualified for Reimbursement:

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

GETTING REIMBURSED IS NO SWEAT!

It's easy to get your reimbursement. After you pay for a qualified weight-loss program, submit your reimbursement request by mail or online.

By Mail

Fill out the attached form and mail it to the address located at the bottom of the form.

Online

Use our convenient online reimbursement tool through your MyBlue account.

If you have any questions, please call Member Service at the number on your ID card.

Things to Keep in Mind

- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case we request them from you. Proof of payment includes the following:
 - » Itemized, dated, paid receipts from your weight-loss program
- » Bank or credit card statements
- » Paycheck stubs (if your club fees are automatically deducted from that account)

Take control of your health.

Talk to your doctor about managing and maintaining your weight. Be sure to check with them before starting any weight-loss program.

^{*}Employer group benefits may vary.

MEDICARE ADVANTAGE WEIGHT-LOSS BENEFIT FORM

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY

Please Print All Information Clearly

Member Information (Person in whose name coverage is held)			
Member Identification Number	Last Name	First Name	Middle Initial
Address—Number and Street	City	State	ZIP Code
Birth date: (MM/DD/YYYY) (///)			
Class/Program Information (required)			
Name and Address of Qualified Class/Progr	am		
Phone Number of Qualified Class/Program		Calendar Year	
Submit claim form for reimbursement for the	ne calendar year by March	31 of the following year.	
TOTAL AMOUNT REQUESTED: \$		_	
CERTIFICATION AND AUTHORIZATION (This	form must be signed and	dated below.)	
I certify that the information provided in supreviously submitted for these services. I u of payment for a reimbursement decision. I program to Blue Cross Blue Shield of Mass	nderstand that Blue Cross authorize the release of a	Blue Shield of Massachuset	ts may require proof
Member's Signature:		Date:	
Please tear off, fold, and mail this form to the Blue Cross Blue Shield of Massachusetts Medicare Advantage Claims Department PO Box 55007	he address below:		

SUBMISSION REMINDER

Remember, you can only submit for your Weight-Loss once per calendar year, and it must be filed by March 31 of the following year.

Have '	voll
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☐ written your Blue Cross Blue Shield of Massachusetts member ID number in the space provided on your reimbursement form?
\square included the name and address of the weight-loss class or program?
☐ signed and dated the completed Weight-Loss Benefit form?



If you have any questions, call the Member Service number on the front of your ID card.

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-678-2265** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265** (TTY: **711**).

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