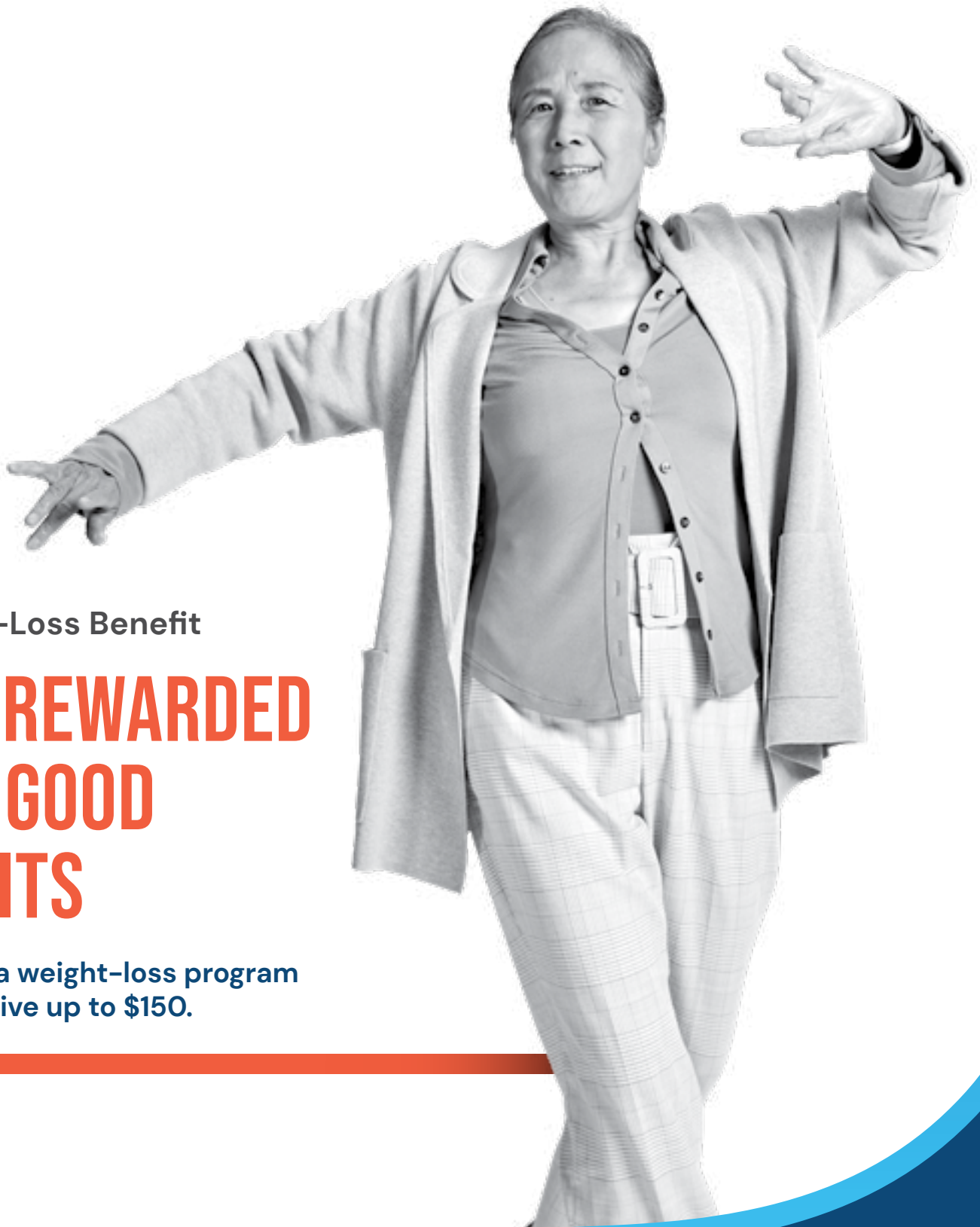




MASSACHUSETTS



Weight-Loss Benefit

GET REWARDED FOR GOOD HABITS

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

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

*Employer group benefits may vary.

GET REWARDED, 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 Remember

- 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.**

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/Program

Phone Number of Qualified Class/Program Calendar Year

Submit claim form for reimbursement for the 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 support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Member's Signature: _____ Date: _____

Please tear off, fold, and mail this form to the address below:
Blue Cross Blue Shield of Massachusetts
Medicare Advantage Claims Department
PO Box 55007
Boston, MA 02205-5007

SUBMISSION REMINDER

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

Have you...

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



QUESTIONS?

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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