



MASSACHUSETTS



MANAGED BLUE FOR SENIORS WEIGHT-LOSS REIMBURSEMENT

If you're a member of a Managed Blue for Seniors plan, you can get reimbursed for costs associated with qualified weight-loss programs and classes.

Qualified for Reimbursement:

- Traditional WW (formerly known as Weight Watchers®) meetings, the WW At Work program, and hospital-based weight-loss programs qualify for the Weight-Loss Benefit.
- 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 (see your health plan coverage)

What do I need to do?

Enroll in a qualified weight-loss program. You must pay for the course or program first, and then submit a claim for the benefit. If you have any questions, call Member Service at the number on the front of your ID card.

Be sure to talk with your doctor before starting any weight-loss program.

How to Get Reimbursed

Fill out the attached form, then send the completed form to the address listed at the top of the form.

Important Information

- The reimbursement can only be submitted once each calendar year, and must be filed by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case you're denied reimbursement. Proof of payment includes:
 - » Receipts (cash/check/credit/electronic) for membership or class fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid
 - » Your weight-loss program membership or participation agreement clearly documenting your name and date signed
- Reimbursements may be considered taxable income, so consult a tax advisor.

Questions?

Call Member Service at the number on the front of your ID card.

MANAGED BLUE FOR SENIORS WEIGHT-LOSS REIMBURSEMENT REQUEST

Complete this form and mail it to:
Blue Cross Blue Shield of Massachusetts
P.O. Box 55007
Boston, MA 02205

PLEASE PRINT ALL INFORMATION CLEARLY

Member Information

Identification Number on Member ID Card (including first 3 letters)

Date of Birth

(____/____/____)
(MM DD YYYY)

Member's Last Name

First Name

Middle Initial

Address—Number and Street

City

State

ZIP Code

When to submit this form:

- You can submit your claim once per calendar year.
- You must submit your claim by March 31 of the following calendar year.

Class/Program Information Required

Name, Address, and Phone Number of Qualified Weight-Loss Program

Calendar Year

Total Amount Submitted \$ _____

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

(____/____/____)
(MM DD YYYY)

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 **1-800-200-4255** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: 711).

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