



MASSACHUSETTS

# LOSE WEIGHT, GAIN SAVINGS

Stay motivated and get up to \$150 annually for participating in a qualified weight-loss program.<sup>1</sup>



## Qualifies for weight-loss reimbursement

- Hospital-based programs and Weight Watchers<sup>®</sup> in person
- Weight Watchers 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



## Doesn't qualify for weight-loss 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

## GET REIMBURSED IN THREE EASY STEPS

1

### Choose

Start by picking a qualified weight-loss program.

2

### Complete

Once you pay for the program, complete the attached form.

3

### Mail

Send the completed form to the address listed.

You can also sign in to MyBlue to submit the form at [member.bluecrossma.com/login](https://member.bluecrossma.com/login).

Be sure to check with your primary care provider before starting any weight-loss program.

## Questions?

Call Team Blue Member Service at the number on your ID card.

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Team Blue Member Service at the number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.



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# WEIGHT-LOSS REIMBURSEMENT REQUEST

Please print clearly.

To verify this reimbursement is offered within your plan, or for more information, sign in to MyBlue at [bluecrossma.org](http://bluecrossma.org) or call Team Blue Member Service at the number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

## Subscriber information (policyholder)

Identification number on subscriber ID card (including first 3 characters)	Subscriber's last name	First name	Middle initial
Address – number and street	City	State	ZIP code
Employer's name			

## Claim information

Member's last name	First name	Middle initial	Date of birth (MM/DD/YY)
<b>Claim is for (choose one and color in the entire box):</b> <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)			
Name, address, and phone number of qualified weight-loss program:			
Total dollars requested: \$ _____		Year fees paid:	
Monthly program participation fee: \$ _____			

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within thirty calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

**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 enrolled in the qualified program with the full intention of using such program. 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.

Subscriber signature:	Date (MM/DD/YY)
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### Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts Local Claims Department  
P.O. Box 986030  
Boston, MA 02298

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).