



MASSACHUSETTS

# Weight Loss Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150<sup>1</sup> annually in qualified Weight Watchers<sup>®</sup> and hospital-based weight-loss programs.

## 3 Easy Steps to Getting Reimbursed<sup>2</sup>



1.

Choose

Start by picking a qualified weight-loss program.



2.

Complete

Once you pay for the program, fill out the attached form.



3.

Mail

Send the completed form and proof of payment to the address listed at the bottom.

### Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
  - Paid receipts from qualified program
  - Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and the date(s) paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

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

### A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

### What doesn't qualify?

- Weight Watchers Online
- Weight Watchers At Home
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.  
 2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

# Weight-Loss Reimbursement Form<sup>3</sup>

To verify this reimbursement is within your plan, log in to Member Central at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

## Subscriber Information (Policyholder)

Identification Number (including first 3 letters)      Subscriber's Last Name      First Name      Middle Initial

Address—Number and Street      City      State      Zip Code

Employer's Name

## Member and Claim Information

Member's Last Name      First Name      Middle Initial      Date of Birth: Mo. Day Yr.

Mailing Address—Number and Street (if different from subscriber's)      City      State      Zip Code

Gender

Male

Female

Claim is for (check one):

Subscriber (policyholder)

Spouse (of policyholder)

Ex-Spouse

Dependent (up to age 26)

Other (specify) \_\_\_\_\_

### Class or Program Information Required:

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.

Name and Address of Class or Program

Health Plan Year

Total Amount Submitted: \$ \_\_\_\_\_

## Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts about my weight-loss program. 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.

Subscriber's or

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call Member Service at the number on the front of your ID card.

### Please complete and mail this form (including copies of paid receipts) to:

Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 986030  
Boston, MA 02298

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.



## **Nondiscrimination Notice & Translation Resources**

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 Services 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).