



# 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>

<p><b>1</b></p>  <p><b>Choose</b></p> <p>Start by picking a qualified weight-loss program.</p>	<p><b>2</b></p>  <p><b>Complete</b></p> <p>Once you pay for the program, fill out the attached form.</p>	<p><b>3</b></p>  <p><b>Mail</b></p> <p>Send the completed form and proof of payment to the address listed.</p>
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#### 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

#### 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, statements, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and 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.**

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (check one): <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)		
<b>Class or Program Information Required:</b> 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.

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

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

