

# MEDICARE ADVANTAGE MEMBERS

Enroll In A Weight Loss  
Program Receive  
Up To \$150



# IT PAYS TO LOSE WEIGHT

**Living a long and healthy life means something different for everyone. If being in your best health means better managing and maintaining your weight, then we've got a very healthy incentive: our Weight Loss Benefit.**

## What is the Weight Loss Benefit?

When you enroll in a qualified Weight Watchers® or a hospital-based weight loss program, you can receive up to \$150 per calendar year toward your program fees. Employer group benefits may vary.

## What kinds of programs qualify?

The traditional Weight Watchers meetings, Weight Watchers At Work program, and hospital-based weight loss programs qualify for the Weight Loss Benefit.

Fees paid for individual nutrition counseling sessions, pre-packaged meals, books, videos, scales, or other items and supplies not included as part of the qualified program fee do not qualify for the benefit. The Weight Watchers Online and Weight Watchers At Home programs also do not qualify.

## What do I need to do?

First, check to ensure that your coverage includes the Weight Loss Benefit. If you have any questions, call the Member Service number on the front of your ID card.

Second, enroll in a qualified weight loss program. You must pay for the course or program first, and then submit for the benefit.

**To receive your reimbursement, simply follow the steps below:**

- Fill out the Weight Loss Benefit form (enclosed), answering all questions. (Please note that the \$150 is per calendar year.)
- Mail the completed form to the address on the bottom of the form. If you have any questions, please call the Member Service number on the front of your ID card.

## Important Information

- The reimbursement 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:
  - » 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 him or her 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
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Address—Number and Street	City	State	Zip Code
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Gender	Date of Birth	Mo.	Day	Year
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1.  Male

2.  Female

## CLASS/PROGRAM INFORMATION REQUIRED

Name and Address of Qualified Class/Program

Phone Number of Qualified Class/Program

Benefit Year\*

Submit claim form for reimbursement for the calendar year by March 31 of the following 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 Blue Shield of Massachusetts, Inc. 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.

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, to be eligible for this benefit:

- You must have coverage for the benefit. (Call the Member Service number on the front of your ID card if you have any questions.)

### Have you...

- written your Blue Cross Blue Shield of Massachusetts 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?

For further information, 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.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

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).



MASSACHUSETTS

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