

Direct-Billed Medex® Weight Loss Benefit

If you are a member of a Medex Bronze, Medex Core, Medex Choice, or Medex Core Plus* plan, we've got a healthy incentive for you.

As a Blue Cross Blue Shield of Massachusetts member, you have a Weight Loss Benefit that can save you up to \$150 per calendar year in qualified weight loss program fees. You can claim your Weight Loss Benefit after you've paid for your program.

What types of programs qualify?

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

The Weight Watchers Online and Weight Watchers At Home programs do not qualify for the benefit, nor do fees paid for any other weight loss programs. Fees paid for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify.

What do I need to do?

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

Simply send us:

- The Weight Loss Benefit Form, answering all questions. Submit only once per calendar year, filed by March 31 of the following year.
- Mail the form to the address at the bottom of the Weight Loss Benefit Form. If you have any questions, please call the Member Service number on your ID card.

*Plan closed to new members

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:

- » Paid receipts from qualified program
- » Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the member enrolled in the program, the amount paid per session(s), and the date(s) paid.

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

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 **1-800-258-2226** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-258-2226** (TTY: 711).

Weight Loss Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

Member Information

Identification Number (including alpha prefix)	Member's Last Name	First Name	Middle Initial
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Address—Number and Street	City	State	Zip Code
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When to Submit this Form:

- After you have collected up to \$150 in paid receipts from your qualified weight loss program.
- Once per calendar year, filed by March 31 of the following year.

Class/Program Information Required:

Name and Address of Class/Program	Benefit Year ¹
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1. A 12-month period beginning January 1
and ending December 31.

Total Amount Submitted: \$
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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. I understand that Blue Cross may require additional evidence of program membership and proof of payment for my membership before reimbursement is provided.

Subscriber's Signature:

Date:

**Please print 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

Questions?

To verify this benefit is within your plan or for further information, call the Member Service number on the front of your ID card.



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