



**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 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?

Hospital-based programs and Weight Watchers® 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.

What kinds of programs do not qualify?

Fees paid for individual nutrition counseling sessions, one-time initiation or termination fees, food, supplements, books, scales, or exercise equipment do not qualify for the benefit.

To receive your reimbursement, simply follow the steps below:

1. Start by picking a qualified weight loss program.
2. Once you pay for the program fill out the attached form.
3. Mail the completed form to the address at the bottom of the form.

If you have any questions, please call the Member Service number on your ID card.

Important Information:

- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case we request it from you. 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 |
| Address—Number and Street | City | State | Zip Code |
| Gender | Date of Birth Mo. Day Year | | |
| 1. <input type="checkbox"/> Male | / / | | |
| 2. <input type="checkbox"/> Female | | | |
| Class/Program Information Required | | | |
| Name and Address of Qualified Class/Program | | | |
| Phone Number of Qualified Class/Program | | | Calendar 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 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 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.

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, you can only submit for your Weight Loss benefit once per calendar year, filed by March 31 of the following year.

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.

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 **1-800-678-2265** (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-678-2265** (TTY: 711).



MASSACHUSETTS

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