



DIRECT-BILLED MEDEX[®] WEIGHT LOSS BENEFIT

If you are a member of a Medex Bronze, Medex Sapphire, 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.

- 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 also qualify for the weightloss benefit.

What does not qualify?

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions (see your health plan coverage)

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.

*Plan closed to new members

What do I need to do?

- Complete the Weight Loss Benefit Form.
- Mail the completed 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.

Important Information

- The reimbursement can only be submitted once each calendar year, and must be filed by March 31 of the following year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.

Proof of payment includes the following:

- Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
- Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.

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

Direct-Billed Medex Weight Loss Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

Member Information			
Identification Number (including first 3 letters)			
Member's Last Name	First Name	Middle Initial	
Address—Number and Street	City	State	Zip Code
When to Submit this Form: <ul style="list-style-type: none">You can submit your claim once per calendar year.You must submit your claim by March 31 of the following calendar year.			
Class/Program Information Required			
Name, Address, and Phone Number of Qualified Weight-Loss Program			Benefit Year ¹

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 fitness program to Blue Cross Blue Shield of Massachusetts.	
Member's Signature:	Date:

Complete this form and mail it 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.

1. A 12-month period beginning January 1 and ending December 31.

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

® Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks are the property of their respective owners. © 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

198799M

55-0210-20 (09/19)