Your Blue Cross Blue Shield of Massachusetts health plan can save you up to $150¹ annually in qualified Weight Watchers® and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed²

1. **Choose**
   - Start by picking a qualified weight-loss program.

2. **Complete**
   - Once you pay for the program, fill out the attached form.

3. **Mail**
   - Send the completed form and proof of payment to the address listed at the bottom.

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

**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

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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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association
Weight-Loss Reimbursement Form

To verify this reimbursement is within your plan, log in to Member Central at 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

<table>
<thead>
<tr>
<th>Subscriber Information (Policyholder)</th>
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<tbody>
<tr>
<td>Identification Number (including first 3 letters)</td>
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<tr>
<td>Address—Number and Street</td>
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<tr>
<td>Employer’s Name</td>
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<tr>
<th>Member and Claim Information</th>
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<tbody>
<tr>
<td>Member’s Last Name</td>
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<tr>
<td>Mailing Address—Number and Street (if different from subscriber’s)</td>
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<thead>
<tr>
<th>Gender</th>
<th>Claim is for (check one):</th>
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<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Subscriber (policyholder)</td>
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<tr>
<td>☐ Female</td>
<td>☐ Ex-Spouse</td>
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<td>☐ Other (specify) __________________</td>
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<td></td>
<td>☐ Spouse (of policyholder)</td>
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<tr>
<td></td>
<td>☐ Dependent (up to age 26)</td>
</tr>
</tbody>
</table>

Class or Program Information Required:
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 or call Member Service at the number on the front of your ID card.

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