



TUFTS
Health Plan



Weight Management Rewards

Depending on your plan and employer, you can get money back on a weight management program. Make sure to check your benefits to determine which weight management rebates are available to you.

Qualifying weight management programs include:

- **Jenny Craig**
- **Weight Watchers and Weight Watchers at Work**
- **Hospital-based weight loss programs**
 - The reimbursement applies once per benefit year, per family.
 - The reimbursement applies to Jenny Craig and Weight Watchers programs, OR 50% of the initial evaluation fee for specified medical facility-based weight loss programs.
 - The reimbursement does not apply to the cost of food.
 - Members would have the option to submit for one of the above options, no combination of reimbursements would be permitted.
 - Fees 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 for the reimbursement.



Your rebate:

Submit your rebate form online at: mytuftshealthplan.com under the Forms tab.
Or, you can mail in the rebate form on the reverse side.

For more information about the weight management rebate, please contact Member Services at 800.462.0224.

Weight Management Member Rebate Form

Please print clearly, complete all sections in blue, and sign. Retain a copy of all receipts and documents for your records.

Please note: You can submit one weight management rebate (per household) per benefit year up to \$150 or 3 months of weight management program fees after completing a qualifying program. You will have 24 months from the date you paid your weight management program fees to submit your request for the rebate. We typically process reimbursements within 4 to 6 weeks of receipt. The rebate can be submitted multiple times until full reimbursement is met.

1. Member's Tufts Health Plan ID#

2. Member's Name (Last, First, Middle Initial):

3. Member's Date of Birth

Date of Birth: / / Sex: ☐ M ☐ F ☐ Self ☐ Spouse ☐ Child ☐ Other

4. Member's Relationship to Subscriber

5. Subscriber's Name Address and Telephone

Name (Last, First, Middle Initial):

Address:

Telephone:

6. Weight Management Program Name:

Address: Telephone:

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7. IN WHAT SETTING DID THE MEMBER RECEIVE TREATMENT?

8. DIAGNOSIS: WHAT WERE YOU SEEN FOR?

(e.g., office, ER, hospital, clinic, ambulance, etc.)
Weight Management

Diagnosis Code: 799 Description: General

9. Weight Program Information

A	B	C
Year of weight mgt. program membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid
	* S9449 Weight management class, non-physician	
	*	
	*	
Total amount paid		

10. Proof of Services(s) Through One of the Following

☐ An itemized bill from the weight management program, listing year of membership and dollar amounts paid

11. Proof of Payment Through one of the Following

☐ The front and back of the cancelled check written to the weight management program

☐ A credit card statement or receipt

☐ A statement from the weight management program, on the program's letterhead with an authorized signature, indicating payment was made

☐ A receipt for purchased items, with the weight management program's name and address preprinted on the receipt, with items listed and amount paid

12. Signature Is Required

I attest that the above information is accurate and complete.

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Representative's Name/Extension: Corporate Receipt Date: / /