



# Weight Management with WeightWatchers

PacificSource Health Plans and WeightWatchers® (WW) can help you reach and maintain a healthy weight.

## Choose the program that's right for you

As part of your PacificSource medical coverage, you can participate in WeightWatchers programs and receive reimbursement.

## Which program is eligible?

You can get a one-time reimbursement per plan year for one of these programs (but not both):

- **WeightWatchers Workshops:** \$100 reimbursement once per plan year
- **WeightWatchers Online:** \$40 reimbursement once per plan year

## How do I get reimbursed?

Simply complete and submit the WeightWatchers Reimbursement Request Form on the back of this flier. You may receive the reimbursement one time per plan year.

## Are there any limitations?

You must be enrolled in a PacificSource medical plan with a weight management benefit at the time of both your first and last program Workshop to qualify for reimbursement. You must complete a minimum of 10 weeks during a consecutive four-month period during your plan year. You'll be required to verify your participation to receive reimbursement.

Continued >

### Email

[CS@PacificSource.com](mailto:CS@PacificSource.com)

### Phone

888-977-9299

TTY: 711

We accept all relay calls.

En Español 866-281-1464

[PacificSource.com](https://www.pacificsource.com)



# Weight Management Reimbursement Request Form



Please email this completed form and documentation to [CS@PacificSource.com](mailto:CS@PacificSource.com). If you prefer, you can mail to PacificSource, Attn.: Claims, PO Box 7068, Springfield, OR 97475, or fax it to 541-225-3632, Attn.: Claims.

**To be eligible for reimbursement, documentation must be submitted within two months of last Workshop attended.**

## 1. Member information

Member name \_\_\_\_\_ Member ID number \_\_\_\_\_  
Date of birth \_\_\_\_\_ Group number \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Email address \_\_\_\_\_  
Mailing address \_\_\_\_\_

## 2. In-person Workshop participants

For verification of completion, please complete this section and attach a copy of your Workshop payment receipt. The receipt should note the number of Workshops attended. If you received separate receipts for each Workshop, include all receipts. If a receipt is not available, ask your WeightWatchers leader to complete the certification section below.

Number of Workshops attended within four consecutive months (ten required) \_\_\_\_\_

Date of first Workshop \_\_\_\_\_ Date of last Workshop \_\_\_\_\_

Total amount of services purchased (will reimburse \$100 for on-site Workshops) \$ \_\_\_\_\_

WW leader certification (to be completed by WW leader, if a receipt is not available):

I certify that \_\_\_\_\_ has purchased a \_\_\_\_\_-week series at a price of \$ \_\_\_\_\_  
and has attended ten Workshops within four consecutive months.

WW leader signature \_\_\_\_\_

Workshop location number \_\_\_\_\_ Date \_\_\_\_\_

## 3. Online/App participants

For verification of completion, please complete this section and attach a copy of your Accounts Status Page or receipt.

Date of first membership purchase \_\_\_\_\_

Total amount of services purchased (will reimburse \$40 for online participation) \$ \_\_\_\_\_

## 4. Program feedback (optional)

The information below will be used only to help us evaluate the effectiveness of this program. It will not be used to determine your reimbursement and will be kept strictly confidential. We appreciate your feedback.

Age \_\_\_\_\_ Height \_\_\_\_\_ Starting weight \_\_\_\_\_ Ending weight \_\_\_\_\_

Do you plan to continue the WW program beyond the 10-week reimbursement period? Yes No

Additional comments about this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_