

# Weight Watchers® Program

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

## **What Weight Watchers classes can I take?**

You can receive a one time reimbursement per plan year for either, but not both, of these programs:

- **Weight Watchers Meetings**—\$100 reimbursement once per plan year.

or

- **Weight Watchers Online**—\$40 reimbursement once per plan year.

## **Are there any limitations?**

You must be an eligible and enrolled PacificSource member at the time of both your first and last visits to qualify for reimbursement. You must complete a minimum of ten weeks during a consecutive four month period during your plan year. Participation verification is required.

## **How do I get reimbursed?**

Simply complete and submit the Weight Watchers Reimbursement Request Form. You may receive the reimbursement one time per plan year.

*PacificSource Health Plans and Weight Watchers are here to help you take that first step toward reaching a healthy weight.*



**Direct:** 541.684.5582  
**Toll Free:** 888.977.9299

[PacificSource.com](http://PacificSource.com)



# Weight Watchers Reimbursement Request Form

Mail this completed form and requested documentation to PacificSource, attn: Claims, PO Box 7068, Eugene, OR, 97401. Or fax it to (541) 344-2897, attn: Claims. **To be eligible for reimbursement, documentation must be submitted within two months of the last Weight Watchers class attended.**

Member Information			
Member name:		PacificSource ID #:	
Date of birth:		Group #:	
Home phone number:		E-mail address:	
Mailing address:			
Weight Watchers Meeting Participants			
For verification of completion, please complete this section and attach a copy of your class payment receipt. The receipt should note the number of meetings attended. If you received separate receipts for each class, include all receipts. If a receipt is not available, ask your Weight Watchers leader to complete the certification section below.			
Number of meetings attended within four consecutive months (ten required):			
Date of first meeting:		Date of last meeting:	
Total amount of services purchased (will reimburse \$100 for on-site meetings): \$ _____			
Weight Watchers leader certification (to be completed by Weight Watchers leader, if a receipt is not available): I certify that _____ has purchased a _____-week series at a price of \$ _____ and has attended ten meetings within four consecutive months.			
Weight Watchers leader signature:			
Meeting location number:		Date:	
Weight Watchers Online Participants			
For verification of completion, please complete this section and attach a copy of your Accounts Status Page or receipt.			
Number of weeks attended within four consecutive months (ten weeks required):			
Date of first Web site visit:		Date of last Web site visit:	
Total amount of services purchased (will reimburse \$40 for online participation): \$ _____			
Program Feedback (Optional)			
The information below will be used only to help us evaluate the effectiveness of this program. It will not be used in determining your reimbursement and will be kept strictly confidential. We appreciate your feedback.			
Age:	Height:	Starting weight:	Ending weight:
Do you plan to continue the Weight Watchers program beyond the ten-week reimbursement period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional comments about this program:			