

Living Healthier with **Weight Watchers®**

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



Choose the Program that's Right for You

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

What program classes can I take?

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

- **Weight Watchers Meetings:** \$100 reimbursement once per plan year
- **Weight Watchers Online:** \$40 reimbursement once per plan year.

Are there any limitations?

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

How do I get reimbursed?

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

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Idaho

Direct: (208) 333-1596
Toll-free: (800) 688-5008

Montana

Direct: (406) 442-6589
Toll-free: (877) 590-1596

Oregon

Direct: (541) 684-5582
Toll-free: (888) 977-9299

TTY

Toll-free: (800) 735-2900

En Español

Direct: (541) 684-5456
Toll-free: (800) 624-6052
ext. 1009

Email

cs@pacificsource.com

PacificSource.com



Weight Watchers Reimbursement Request Form

Mail this completed form and requested documentation 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 the last Weight Watchers class attended.

Member Information

| | |
|------------------|---------------------|
| Member name: | PacificSource ID #: |
| Date of birth: | Group #: |
| Home phone #: | Email 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 website visit: | Date of last website visit: |
| Total amount of services purchased (will reimburse \$40 for online participation): \$ | |

Program Feedback (Optional)

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|---|---------|------------------|----------------|
| 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 Weight Watchers program beyond the ten-week reimbursement period? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Additional comments about this program: | | | |