

# MIND AND BODY REIMBURSEMENT

Great holistic health shouldn't be a stretch. Get reimbursed for qualified services and apps.

Save up to

# \$300

per family per calendar year.



## Qualified for Mind and Body Reimbursement:\*

- Massage therapy
- Hypnosis therapy
- Meditation therapy
- Tai chi
- Qi (chi) gong
- Breathing and meditation apps



## Not Qualified for Mind and Body Reimbursement:

- Visits to nutrition providers or other services included in the Fitness or Weight-Loss Reimbursement programs
- Apps not focused on breathing or meditation, such as those focused on sleep

## Find a Qualified Provider and Save

You can get up to 30 percent off standard rates when you use an alternative health practitioner in our network. You'll also have peace of mind knowing that your practitioner is accredited in their field and meets specific requirements for education, training, and facilities. To search for a practitioner, go to [bluecrossma.org](https://bluecrossma.org).

**Be sure to check with your doctor before receiving alternative medicine services.**

## GET REIMBURSED IN THREE EASY STEPS

# 1

### Choose

Start by selecting a qualified mind and body service or app.

# 2

### Complete

After you pay for the service or app, fill out the attached form.

# 3

### Mail

Send the completed form to the address listed.

## Questions?

To learn more about your alternative health care benefits, sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call Member Service at the number on the front of your ID card.

# MIND AND BODY REIMBURSEMENT REQUEST

Please print all information clearly. All reimbursement requests must be submitted by March 31 of the following year.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

## Subscriber Information (Policyholder)

|   |                        |            |                |
|---|------------------------|------------|----------------|
| Identification Number on Subscriber ID Card<br>(including first 3 characters) | Subscriber's Last Name | First Name | Middle Initial |
| Address — Number and Street   | City                   | State      | ZIP Code       |
| Employer's Name   |                        |            |                |

## Claim Information

|                    |            |                |                              |
|--------------------|------------|----------------|------------------------------|
| Member's Last Name | First Name | Middle Initial | Date of Birth<br>___/___/___ |
|--------------------|------------|----------------|------------------------------|

Claim is for (choose one and color in the entire box):

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify):

Name, Address, and Phone Number for Qualified Expense (Service or App)

Total dollars requested: \$ \_\_\_\_\_

Calendar year: \_\_\_\_\_

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

**Certification and Authorization** (This form must be signed and dated below.)

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. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature:

Date: \_\_\_/\_\_\_/\_\_\_

### Important Information:

- Keep copies of proof of payment in case we request them from you.
- Mind and Body reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a complete request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Reimbursement may be considered taxable income, so you should consult a tax advisor.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).