

As a MetroPlusHealth Gold member, we want to help you stay healthy. We will partially reimburse the Subscriber and the Subscriber's covered Spouse for weight loss program membership fees paid to recognized programs. The weight loss program you select must include counseling and behavioral intervention by a participating provider or program representative. Your treating physician must attest that the specific weight loss program you are enrolled in meets this criteria and that it would be beneficial to your overall health.

What types of Weight Loss Programs qualify?

- **Weight Watchers (or "WW")** • **Nutrisystem** • **Noom** • **Jenny Craig** • **Nutritional Counseling**
- **Physician-directed weight loss programs**, such as the CDC's Diabetes Prevention Program
<https://www.cdc.gov/diabetes/prevention/index.html>

This is not a complete list, for questions please call Member Services at the number listed on your ID card.

Exclusions - the following are **not covered by MetroPlusHealth** as part of your Plan's weight loss program: The cost of food, beverages, supplements, vitamins or other items associated with the weight loss program, including books, scales, exercise equipment, one-time initiation and / or termination fees.

Am I eligible? In order to be eligible, you must be an active member of a weight loss program. Your membership with **MetroPlusHealth Gold** must be current and paid to date at time of submission.

How do I get reimbursed? Once we receive the completed reimbursement form and the bill, you will be reimbursed the lesser of \$100 for the Subscriber and \$50 for the Subscriber's covered Spouse or the actual cost of the membership per six (6)-month period. Reimbursement must be requested within 120 days of the end of the six (6)-month period. Reimbursement will be issued only after you have completed each six (6)-month period.

- Submit a copy of your current bill which shows the fee paid for your membership.
- Submit proof of payment. Acceptable proof includes: Payment receipts (must have the same name as the weight loss program), credit card statements, printout on weight loss program's letterhead detailing payments.
- Submit all required documentation no later than 120 days from the claim period end date.
- Mail or fax your form to **MetroPlusHealth** to the address or fax to the right:

MetroPlusHealth
Att: Enrollment & Membership Dept.
50 Water Street, 7th Fl.
New York, NY 10004
Fax: 212.908.8872

Important: Please complete the form in its entirety or the processing of your claim maybe delayed or denied. Please complete one form (per member) for each six month period for which you are submitting a claim. Note: This may be a taxable benefit. Please check with your accountant. If you have any questions, please call our exclusive line for Gold Members at 1.877.475.3795 (TTY:711).

PLEASE PRINT			
MetroPlusHealth ID Number:	Last Name:	First Name:	Middle Initial:
Address (Number, Street, Apt. #):	City:	State:	Zip Code:
Six-Month Period Requested (mm/dd/yyyy — mm/dd/yyyy):		to	
Weight Loss Program Name:	Weight Loss Program City, State:		
Weight Loss Program Phone Number (xxx) xxx-xxxx:	Amount Being Claimed:		
	\$		

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Member's Signature: _____ **Date:** _____

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the Weight Loss Program Reimbursement program.

I attest that the above referenced weight loss program includes counseling and behavioral intervention and would be beneficial for the overall well-being of the above mentioned patient.

Physician's Name: _____ **Physician's NPI# :** _____

Physician's Signature: _____ **Date:** _____