



MASSACHUSETTS

MIND AND BODY REIMBURSEMENT



Get reimbursed up to \$350 annually for qualified alternative medicine fees.

Finding a Qualified Provider

Look for licensed, certified, or accredited providers. One way to be sure that you're choosing a qualified provider is by using the Living Healthy NaturallySM network. You can search for a provider at bluecrossma.com/find-a-doctor/living-healthy-naturally.html.

Blue Cross members can save up to 30 percent off the standard rates by using providers in this network. You'll save money and get peace of mind knowing that your practitioner is accredited in their field and meets the network's requirements for education, training, and facilities.

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



Qualified for Mind and Body Reimbursement:

- Massage Therapy
- Hypnosis Therapy
- Meditation Therapy
- Tai chi
- Qi (chi) gong
- Essential oils from doTerra[®], Rocky Mountain[™], and Aromatics International[®]



Not Qualified for Mind and Body Reimbursement:

- Visits to nutrition providers or other services that are included in the Fitness or Weight-Loss Reimbursement Programs.
- Acupuncture

GET REIMBURSED IN THREE EASY STEPS

1

Choose

Start by picking a qualified mind and body program or provider.

2

Complete

Once you pay for the sessions or oils, 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 or call Member Service at the number on your ID card.

MIND AND BODY REIMBURSEMENT REQUEST

Please Print All Information Clearly: To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. 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 (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	Zip Code
Employer's Name Massachusetts Bankers Association (4010078) Member Banks			

Claim Information

Member Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _/_/___
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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 of Qualified Program

Total dollars requested: \$ _____ for (choose one and color in the entire box):

- Therapy session fees. Fee per session: \$ _____
- Fees for essential oils from approved vendors: \$ _____
- Year Fees Paid: _____

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 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 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:

- 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.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - Receipts(cash/check/credit/electronic) from a qualified provider.
 - Receipts should include your name, the provider name, the type of service, and individual amounts charged with date paid.
- Reimbursement may be considered taxable income, so 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).