

Mind and Body Reimbursement

Your well-being reward

For BCBSMA medical plan members



Get reimbursed up to \$300 annually for qualified alternative medicine fees.

3 Easy Steps to Getting Reimbursed



1. Choose

Start by picking a qualified alternative medicine provider.



2. Complete

Once you pay for the service(s), fill out the reimbursement form.



3. Mail

Send the completed form and proof of payment to the address listed.

Finding a Qualified Provider

Look for licensed, certified or accredited providers. One way to be sure that you are choosing a qualified provider is by using the Living Healthy Naturally network.

You can search for a provider at www.bluecrossma.com/find-a-doctor/living-healthy-naturally.html.

Blue Cross members can save up to 30 percent off of 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 Mind and Body Services Include:

- Massage Therapy
- Acupuncture
- Hypnosis Therapy
- Meditation Therapy
- Tai chi
- Qi (chi) gong

What Doesn't Qualify?

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

Questions?

To verify this reimbursement is within your plan or for further information, please log onto the MyBlue website at www.bluecrossma.com/myblue or call the Member Service number on the front of your ID card.

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.



MASSACHUSETTS

Mind and Body Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

To verify this reimbursement is offered within your plan, please log on to MyBlue® at bluecrossma.com/myblue or call the Member Service number on your ID card. Submit this form once per calendar year, by March 31 of the following year.

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 Blue Cross Blue Shield of Mass (0001438)			
Claim Information			
Member's Last Name	First Name	Middle Initial	Date of Birth: MM/DD/YY
Gender (color in the entire box): <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Mind and Body Program:			
Total dollars requested: \$ _____			Calendar Year
Attach 8.5"x11" photocopies of paid receipts from your qualified Mind and Body program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name and address of provider, type of service(s), amount paid per service(s), and date(s) 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 mind and body program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: _____ Date: ____/____/____

Questions?

To verify this fitness reimbursement is offered within your plan or for further information, please log onto the MyBlue website at bluecrossma.com/myblue or call the Member Service number on the front of your ID card.

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).

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Complete this form and mail it with paid receipts attached to:

Blue Cross Blue Shield of Massachusetts
Employee Services
P.O. Box 9151
No. Quincy, MA 02171

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).

(07/18)