



MASSACHUSETTS

# MIND AND BODY REIMBURSEMENT

Get reimbursed up to \$300 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 Naturally<sup>SM</sup> network. You can search for a provider at [bluecrossma.com/find-a-doctor/living-healthy-naturally.html](https://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
- **New for 2022:** Breathing and meditation apps



### 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
- Apps not focused on breathing or meditation, such as those focused on sleep
- Essential oils

## 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, fill out the attached form.

3

### Mail/E-mail

Send the completed form to the address listed.

## Questions?

Call Employee Services at the number on your member ID card.

# MIND AND BODY REIMBURSEMENT REQUEST

**Please Print All Information Clearly:** To verify that this reimbursement is offered within your plan, or for more information, sign in to MyBlue at [bluecrossma.com/myblue](https://bluecrossma.com/myblue) or call the Employee Services number on your ID card.

All reimbursement requests must be submitted by March 31 of the following year.

**Send completed form:** Blue Cross Blue Shield of Massachusetts, Employee Services, P.O. Box 9151, North Quincy, MA 02171 or email to [EmployeeServices@bcbsma.com](mailto:EmployeeServices@bcbsma.com).

## 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 Massachusetts (0001438)			

## Claim Information

Member's Last Name	First Name	Middle Initial	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: \$** \_\_\_\_\_

**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 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:** \_\_/\_\_/\_\_

### 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, up to a maximum total of \$300. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request them 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 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).