



Weight Management with WW[®]

PacificSource Health Plans and WW[®] (formerly Weight Watchers) are here to help you reach and maintain a healthy weight.

Choose the program that's right for you

As part of your PacificSource medical coverage, you can participate in WW programs and receive reimbursement.

What program classes can I take?

You can get a one-time reimbursement per plan year for one of these programs (but not both):

- **WW Meetings:** \$100 reimbursement once per plan year
- **WW Online:** \$40 reimbursement once per plan year

Are there any limitations?

You must be enrolled in a PacificSource medical plan with the WW benefit at the time of both your first and last program meeting to qualify for reimbursement. You must complete a minimum of 10 weeks during a consecutive four-month period during your plan year. You'll be required to verify your participation to receive reimbursement.

How do I get reimbursed?

Simply complete and submit the WW Reimbursement Request Form on the back of this flier. You may receive the reimbursement one time per plan year.

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Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.

En Español 866-281-1464

[PacificSource.com](https://www.pacificsource.com)



WW Reimbursement Request Form



Mail this completed form and requested documentation to PacificSource, attn.: Claims, PO Box 7068, Springfield, OR 97475, or fax it to 541-225-3632, attn.: Claims.

To be eligible for reimbursement, documentation must be submitted within two months of the last WW class attended.

1. Member information

Member name _____ Member ID number _____
Date of birth _____ Group number _____
Daytime phone _____ Email address _____
Mailing address _____

2. In-person meeting participants

For verification of completion, please complete this section and attach a copy of your class payment receipt. The receipt should note the number of meetings attended. If you received separate receipts for each class, include all receipts. If a receipt is not available, ask your WW leader to complete the certification section below.

Number of meetings attended within four consecutive months (ten required) _____

Date of first meeting _____ Date of last meeting _____

Total amount of services purchased (will reimburse \$100 for on-site meetings) \$ _____

WW leader certification (to be completed by WW leader, if a receipt is not available):

I certify that _____ has purchased a _____-week series at a price of \$ _____ and has attended ten meetings within four consecutive months.

WW leader signature _____

Meeting location number _____ Date _____

3. Online participants

For verification of completion, please complete this section and attach a copy of your Accounts Status Page or receipt.

Number of meetings attended within four consecutive months (10 weeks required) _____

Date of first website visit _____ Date of last website visit _____

Total amount of services purchased (will reimburse \$40 for online participation) \$ _____

4. Program feedback (optional)

The information below will be used only to help us evaluate the effectiveness of this program. It will not be used to determine your reimbursement and will be kept strictly confidential. We appreciate your feedback.

Age _____ Height _____ Starting weight _____ Ending weight _____

Do you plan to continue the WW program beyond the 10-week reimbursement period? Yes No

Additional comments about this program: _____

