

UNICARE STATE INDEMNITY PLAN

DIABETES PREVENTION PROGRAM REIMBURSEMENT

For UniCare State Indemnity Plan/Basic, PLUS
and Community Choice members

Effective July 1, 2018

What is the diabetes prevention program?

You can get reimbursed **up to \$500** when you complete 20 or more sessions in a **diabetes prevention program**. UniCare will reimburse members one time when you send us proof that you have completed a diabetes prevention program **approved by the Massachusetts Department of Public Health** or **offered through the YMCA** in other states.

Which programs qualify?

To be eligible for this reimbursement, you must complete a diabetes prevention program listed on the [www.mass.gov website](http://www.mass.gov). For a list of programs and their locations, go to:

www.mass.gov/service-details/dpp-programs-in-massachusetts

Outside of Massachusetts, look for a program at a nearby YMCA:

www.ymca.net/diabetes-prevention/locate-participating-y

What information do I need to send to UniCare?

1. A completed copy of the **Diabetes Prevention Program Reimbursement form** (on page 2).
2. A **statement from a program representative** showing that you have paid for and completed at least 20 sessions in the program. This statement must be on program letterhead and have an authorized signature.
3. **Proof of payment**, which can be any of the following:
 - An itemized receipt from the program that details what you paid
 - A credit card statement or receipt
 - Your canceled check

What else do I need to know?

- You must complete at least **20 sessions of the program**.
- Reimbursement is available only **once for each member**.
- Write your UniCare member ID number** prominently on all receipts and documents that you're sending to UniCare and **keep copies** of all your receipts and documents.
- Send the filled-out reimbursement form**, the program statement, and a copy of your proof of payment to the address shown at the bottom of page 2.
- Call UniCare Member Services at **833-663-4176** if you have any other questions.

Reimbursement form is on page 2 ➤

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Diabetes Prevention Program Reimbursement form

PART A: About the UniCare member				
Last name		First name		MI
Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to enrollee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify)		
Street address		City	State	ZIP code

PART B: About the UniCare plan enrollee (shown on your UniCare ID card)		
ID number	Group number	
Last name	First name	MI

PART C: About the diabetes prevention program			
Program name and/or location		Program start and end dates	
Street address	City	State	ZIP code
Amount of reimbursement requested \$	Total cost of program \$		

Write your member ID on all paperwork.
Send this form with your proof of payment and program statement to:

**UniCare State Indemnity Plan
Diabetes Prevention Program Reimbursement
PO Box 9016
Andover, MA 01810-0916**

See page 1 for complete instructions.