

Show your true colors
And choose how you start to lose



Losing weight is hard. That's why **HealthFlex** has partnered with Weight Watchers® to change your relationship with food, for good. With our proven weight-loss approach and powerful group support, feel great about your choices from veggies to pizza—and everything in-between.

With Weight Watchers, it's about options. Let's get started with an offer that works for you:

<p>Weight Watchers Meetings Through Local Meeting vouchers* or At Work meeting series*</p>	<p>Weight Watchers OnlinePlus*</p>
<p>Access to weekly meetings at your workplace or the local community including our suite of digital and mobile tools.</p> <ul style="list-style-type: none"> • Guidance and motivation from a Leader who has been in your shoes and has lost weight on our program 	<p>Easily follow the plan step-by-step entirely online with digital and mobile tools,* including:</p> <ul style="list-style-type: none"> • Weight tracker, progress charts, restaurant guides and much more • Available for men and women with tailored content that speaks directly to each audience

Weight Watchers Local Meeting vouchers*

Local Meeting vouchers are a prepaid savings plan that offers the flexibility of attending Weight Watchers meetings in your community when and where it suits you best. There are two options available: 13-week vouchers and 18-week vouchers.

Weight Watchers At Work meetings*

At Work meetings bring the Weight Watchers experience right to your workplace where a trained Leader facilitates weekly meetings, and you can benefit from the proven advantage of group support from co-workers.

If you have at least 15 associates interested in an At Work meeting call 1-800-8-AT WORK and talk to a Weight Watchers Corporate Account Manager about setting up a meeting.

* Available in participating areas only. See Page 2 for full details.
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HealthFlex is committed to helping you achieve your weight-loss goals and improve your overall health by offering a **50% subsidy** on the Weight Watchers services listed below.

Weight Watchers Offering	Weight Watchers special pricing	Subsidy	With company provided subsidy, your final cost is
13-week Local Meeting voucher*	\$119.86	50%	\$59.93
18-week Local Meeting voucher*	\$165.96	50%	\$82.98
13-week At Work meeting series** <i>comes with access to 14 weeks of free eTools***</i>	\$155.00	50%	\$77.50
18-week At Work meeting series** <i>comes with access to 19 weeks of free eTools***</i>	\$186.00	50%	\$93.00
3-month Weight Watchers OnlinePlus †	\$55.00	50%	\$27.50
12-month Weight Watchers OnlinePlus †	\$167.70	50%	\$83.35

To receive the 50% subsidy, please be prepared to provide the 9 digit number following any letters on your HealthFlex insurance ID card.

To purchase any of these Weight Watchers offerings, or for more information, please call **866-557-6229**.

Weight Watchers OnlinePlus†

To sign up for Weight Watchers OnlinePlus call **866-557-6229** and get your promotion code, then:

1. Visit the Weight Watchers OnlinePlus sign-up page by clicking the link below.
2. Go to [Weight Watchers access code](#) and enter your special promotion code (received when you called the number above) and click "Update Pricing" to get the special subscription price for **HealthFlex**.

If you have a promotion code, please enter it here and click the "Update Pricing" button.

UPDATE PRICING

3. Select the subscription length to purchase (3 month or 12 month).
4. Follow remaining sign-up instructions for setting up your account.

Click here to get started

* Available only in participating areas in the U.S. To see a list of non-participating areas, please [click here](#). Missed week fees must be paid in order to keep your membership current.

** You will need to re-enroll after four consecutive absences. Sales tax applicable in CT.

Available only in participating areas in the U.S. Minimum enrollment required. Total cost for At Work meeting series must be paid in advance. Sales tax applicable in CT.

*** eTools offer available in participating areas only. Must purchase a 13 or 18-week At Work series to get access to free eTools. Your eTools subscription will automatically renew each month at \$14.95 per month, unless you cancel before the end of your free weeks of eTools. Visit www.weightwatchers.com/cancel for instructions on how to cancel.

† Your subscription will be automatically renewed at the end of your plan period at the standard monthly rate (currently \$18.95) until you cancel. You can cancel your subscription on our site, by email or by U.S. mail; please see www.weightwatchers.com/cancel for details. Void where prohibited. This offer cannot be transferred, combined with other offers, or redeemed for cash.



Help with the hard part.

Reimbursement Offer for Weight Watchers® Offerings
Reimbursement Offer# 34774

If you live in a nonparticipating area you can still receive 50% of the fees you paid from HealthFlex by completing and submitting this reimbursement form. A check for the 50% amount will be sent to you. Please print this form, complete it in its entirety, including your email address. Submit the form to the address listed below.

To receive your Weight Watchers reimbursement:

1. Check the applicable Weight Watchers® offering for which you are requesting your 50% reimbursement.

At Work Meetings Local Meetings

Enter number of weeks of series here _____

2. Total Amount paid for the services purchased: \$ _____

3. For verification of meeting attendance, please send proof of payment (the receipt from your local meeting, **with the amount representing meeting services circled**).

4. If a receipt is not available at the local meeting you attend, ask your Weight Watchers Leader or Receptionist to complete the below certification:

I certify that _____ has purchased a ____ week series at a price of \$ _____.

Weight Watchers Leader/Receptionist Signature

Meeting Name or
Location Number

Date

5. Mail this completed form, along with proof of payment, to the following address:

Weight Watchers Reimbursement Center
Offer #: 836 – 34774
PO Box 800195
Houston, TX 77280-9970

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Weight Watchers is not responsible for lost, late or misdirected mail. Reimbursement checks are ordinarily processed within 15 days of receipt. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. To track reimbursement log onto: www.checkyourrebate.com/healthflex*

HealthFlex Plan Participant to complete¹:

Weight Watchers Participant Name: _____

HealthFlex Plan Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____
(must be included to track submission and request information)

Employer/Company: _____ Participant ID (from Medical ID card): _____

¹ The information submitted on this form will not be used for any purpose other than for the processing of this reimbursement.