Bright Line Eating Membership & FSA, HRA or HSA

Did you know that you may be able to pay for your Bright Line Eating (BLE) membership with your Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), or Health Savings Account (HSA) funds?

If you have been diagnosed with a condition (including, but not limited to, diabetes, obesity, hypertension, heart disease, back pain, acid reflux, arthritis, or PCOS) you may qualify to use the pre-tax funds in your FSA, HRA, or HSA account to pay for your BLE membership.

Check with your doctor to see if you have a medical diagnosis that would benefit from losing weight by joining BLE, and then ask for a letter of medical necessity. HRA plans may require services to be processed with your health insurance provider to be considered eligible expenses, so check with your plan administrator to confirm.

There is no need to provide your letter to BLE—simply keep it for your records. Members are responsible for making sure they have up-to-date letters from their doctor.

Frequently Asked Questions (FAQs)

What is the difference between a Flexible Spending Account (FSA), a Health Savings Account (HSA), and a Health Reimbursement Arrangement (HRA)?

FSAs and HSAs allow you to set aside pre-tax money to use on eligible out-of-pocket medical expenses. HRAs are employer funded health benefit plans that reimburse employees for eligible out-of-pocket medical expenses.

What can I purchase with my FSA/HSA/HRA?

If your doctor recommends weight loss for a specific condition (including, but not limited to, obesity, hypertension, or heart disease), you may be able to use funds from your FSA/HSA/HRA to pay for your Bright Line Eating membership. Eligible expenses may vary depending on your plan, so be sure to check with your FSA/HSA/HRA provider.

How do I use my FSA/HSA/HRA to pay for my Bright Line Eating membership?

1. Obtain a medical necessity letter from your doctor recommending weight loss for your specific condition. There is no need to provide your letter to Bright Line Eating—simply keep it for your records. You are responsible for making sure your letter is up to date.
2. Purchase a Bright Line Eating membership. Payment and reimbursement method may vary depending on the terms of your FSA/HSA/HRA plan. If possible, we recommend a pay-up-front plan to simplify the reimbursement process.
3. Submit your medical necessity letter and membership purchase receipt to your FSA/HSA/HRA provider for reimbursement. Please note, claim procedures vary by plan so please check with your provider.

What if I already purchased a Bright Line Eating membership without using my FSA/HSA/HRA?

You may be eligible for reimbursement. Contact your FSA/HSA/HRA plan administrator to determine your eligibility and reimbursement procedure.

Can I use my FSA/HSA/HRA debit card for auto-pay in my account billing profile?

Contact your FSA/HSA/HRA plan administrator to determine your eligibility and reimbursement procedure.

What is the cut off for purchasing my membership with FSA funds?

If your benefits expire at the end of the year, you have until December 31 at 11:59 p.m. EST to purchase a membership with your FSA dollars for the current calendar year. Contact your FSA plan administrator for details on your plan.

**Bright Line Eating does not provide medical, healthcare benefit, or tax advice. This material has been prepared for informational purposes only, and is not intended to provide, and should not be relied on for, medical, healthcare benefit, or tax advice. You should consult your own medical professional and/or FSA/HSA/HRA provider before engaging in any transaction. For additional information, please consult your tax advisor and/or HR administrator.*

LETTER OF MEDICAL NECESSITY

(to be filled out by medical practitioner)

Patient Name: _____

Medical Condition: _____

Physician's Comments: _____

_____

_____

I refer _____ **to Bright Line Eating for weight loss.**
(Patient Name)

Physician's Signature: _____ **Date:** _____

Physician's Name: _____

Clinic: _____

City, State: Zip: _____

Phone Number: _____