

Wellness Reimbursement Form Instructions

Please read the instructions below, then fill out the Wellness Reimbursement Form.

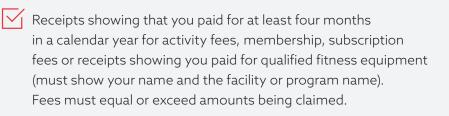
Want your reimbursement faster? Submit your request online at harvardpilgrim.org/reimbursement

Getting reimbursed is easy

Please enclose copies of the following:









Mail to:

Harvard Pilgrim Health Care P. O. Box 9185 Quincy, MA 02269

Frequently Asked Questions

How do I qualify for a wellness reimbursement?

- · You must be eligible for wellness reimbursement through your Harvard Pilgrim plan.
- Fitness facility membership or other qualified wellness programs must be for at least four months in a current calendar year.
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of qualified programs.
- Wellness reimbursement available to members of fully-insured Large Group plans and eligible ASO plans.

> When can I submit my Wellness Reimbursement Form?

- Starting on May 1 of the current calendar year and when you have met the above-stated criteria.
- · Only expenses accrued from January 1, 2024 and onward are available for reimbursement.

What qualifies for reimbursement?

- Full-service health/fitness facilities that have cardiovascular and strength-training equipment qualify, as well as facilities for exercising and improving physical fitness.
- Fitness studios/facilities that offer dance, gymnastics, martial arts, yoga, Pilates, Zumba, aerobic/group classes, indoor cycling/spinning classes, kick-boxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
- · Virtual fitness subscriptions.
- Fitness equipment used for cardiovascular health and strength training. Excludes fitness apparel and footwear.
- Select nutrition programs include: PlateJoy, MyPlate Calorie Counter, Wondr, Noom, Eat Right Now, Weight Watchers Savory Living, My Fitness Pal, Lose It!, EatLove, Stronger U, and The Dinner Daily.
- Mindfulness programs include: Calm, Ten Percent Happier, Headspace, The Mindfulness App, Meditation Studio, Insight Timer, and Unwinding Anxiety.
- Membership fees that you pay for seasonal sports including club, town or school athletic teams or leagues.
- Not eligible for reimbursement: fees you pay for group classes or personal training outside of a fitness facility/ studio, health club initiation fees or costs that you pay for country clubs, social clubs (such as riding or hiking clubs), spas and road race fees.
- Validation of all facilities and programs are subject to approval by Harvard Pilgrim.

How much can I claim for wellness reimbursement?*

- When eligible, up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150.
- Some members may be eliqible for a different reimbursement amount based on their health plan.
- Check with your employer or contact Member Services for eligibility and reimbursement amount.

What happens after I submit the Wellness Reimbursement Form?

- Reimbursement checks will be mailed and made payable only to the Subscriber only at the Subscriber's address
 of record. No other address will be accepted. If you believe your current address is different from the address we
 have on file, please call the Member Services number on the back of your ID card before you submit the form.
- Please allow up to 8 weeks for processing.

 $Harvard\ Pilgrim\ Health\ Care\ includes\ Harvard\ Pilgrim\ Health\ Care\ of\ New\ England\ and\ HPHC\ Insurance\ Company.$

a **Point 32Health** company 1117515560-0623

st Wellness reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.



Wellness Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- When you are eligible for reimbursement through your employer or individual plan.
- After you have been a member in qualified wellness program and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts or proof of payment.
- After all sections have been completely filled out and signed by the subscriber.

Harvard Pilgrim ID Number		Subscriber	's Last Name	First Name	Middle Initial	
Date	of Birth (mm/dd/yyyy)					
Addre	ess	City		State	ZIP Code	
Dayti	me Phone (area code) x	xx-xxxx Company I	Name (Employer)	Subscriber's Email		
Sect	ion B - Subscriber ar	nd/or Member Inform	ation for Reimburse	ment		
— Harva	ard Pilgrim ID Number	Last Name	First Na	me Date	Date of Birth (mm/dd/yyyy)	
— Harva	ard Pilgrim ID Number	Last Name	First Na	me Date	of Birth (mm/dd/yyyy)	
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