

a Point32Health company



Get Reimbursed for a Childbirth Education Class

Congratulations! Having a baby is an exciting time in your life, but it can also be overwhelming. Taking a class or course is a great way to build your confidence and prepare for childbirth and early parenthood. If you're enrolled in a Harvard Pilgrim plan, you can get reimbursed for completing a childbirth education class or course.

Your Questions Answered

What's considered a qualifying class or course?

Qualifying classes are offered through your local hospital, birthing center, physician's office or childbirth education organization.

They may consist of a one-day course or a series of weekly sessions.

Led by a trained childbirth educator, classes typically address labor and birth, pain relief and coping management, birthing options, postpartum care, and the basics of caring for your newborn baby.

This includes the virtual class option available through Tinyhood.

Visit www.tinyhood.com/partner/harvardpilgrim for details.

What do I need to prove that I took the class?

Be sure to get a paid receipt verifying class enrollment. The receipt must show your name, the name and location of the class, the amount paid, and the date of payment.

How much can I get reimbursed?

Harvard Pilgrim will reimburse you up to the maximum amount offered through your employer. Reimbursement varies, so please check with your employer for your specific reimbursement amount.

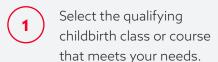
I took my class a year ago. Can I still get reimbursed?

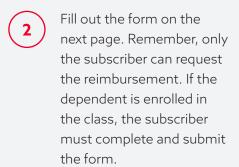
You have until March 31 of the next calendar year to submit your form and receipt. For example, if you took your class in 2025, you must submit your request by March 31, 2026.

I took a childbirth class during my last pregnancy. If I take another class in preparation for the birth of my next child, can I be reimbursed?

Yes. You're eligible to be reimbursed for one childbirth class or course per pregnancy, per calendar year.

Take the class or course, get a receipt and send it in — it's that simple.





Mail your form and receipt to:

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



Questions? Call Member Services at 888-333-4742.

¹ Maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract). Some employers may offer a different reimbursement amount. Must be currently enrolled in Harvard Pilgrim at time of reimbursement. For tax information, consult your employer or tax advisor. Childbirth reimbursement details vary for small or individual group. Reimbursable classes must be taken on or after January 1, 2025.





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Childbirth Class 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

- After you have enrolled in and paid for a childbirth education class.
- Once per pregnancy with all necessary receipts and documentation.
- Once all sections on the form have been completed and signed by the subscriber.

| Section A - Subscriber Information (person who holds coverage) | | | | | | | | |
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| | | | | | | | | |
| Harvar | Harvard Pilgrim ID Number | | Subscriber's Last Name | | First Na | me Mido | Middle Initial | |
| Date o | f Birth (mm/dd/yyyy) | | | | | | | |
| Addres | Address | | City | | State | ZIP (| Code | |
| Daytime Phone (area code) xxx-xxxx | | | Company Name (Employer) | | Subscri | Subscriber's Email | | |
| Secti | ion B – Subscriber | and/or Mem | ber Info | rmation for Reim | nburseme | ent | | |
| Harvard Pilgrim ID Number Last Name | | | First Name | | e | Date of Birth (mm/dd/yyyy) | | |
| Harvard Pilgrim ID Number Last Nam | | | First Name | | e | Date of Birth (mm/dd/yyyy) | | |
| | calendar Year from: mm/dd/yyyy to: mm/dd/yyyy | | | t all programs that y | | Phone Number (Area Code) xxx-xxxx | \$ Amount being claimed | |
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| Sect | ion D – Subscribe | r Certificatio | n | | | | | |
| | ify that the information and/or my covered de | | | | | , accurate and unaltered ing reimbursed. | d. I affirm | |
| Subscriber's Signature Date | | | | | | | re | |

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