

Neighborhood Health Plan offers you and your family a new incentive to get fit and stay fit.

Once a year fitness program reimbursement

Neighborhood Health Plan (NHP) will provide up to \$150 for you, and up to another \$150 for a family member covered under your NHP policy in reimbursement toward health club membership at qualifying facilities.

To qualify for reimbursement

You can request your fitness reimbursement after you have been a member of a health club and NHP for at least four full months in a calendar year.

Not all NHP plan types offer a fitness program reimbursement benefit. Check your plan materials or call Customer Service Center at 1-800-462-5449 (TTY 1-800-655-1761) if you have any questions about your plan's benefits. Customer Service Center hours are Monday through Friday from 8:00 a.m. to 6:00 p.m., and Thursday from 8:00 a.m. to 8:00 p.m. You can also visit our website, www.nhp.org, for more information on the Fitness Program Reimbursement Benefit.



10144-0513

nhp.org



Get fit and save up to \$300 a year for you and your family!

Fitness benefit

If you are new to fitness training, be sure to check with your physician before getting started.

Questions?

Call the Neighborhood Health Plan Customer Service Center if you have any questions about obtaining your reimbursement for qualifying fitness programs:

1-800-462-5449 (TTY 1-800-655-1761)

Monday through Friday from 8:00 a.m. to 6:00 p.m.

Thursday from 8:00 a.m. to 8:00 p.m.



Reimbursement check list

To obtain reimbursement of your qualifying fitness program,* send the following items to NHP just once a year and after you and your family member have been members of NHP and a qualifying facility for four full months in a calendar year:

1. A signed and dated Fitness Program Reimbursement Form (see right).
2. Dated, original receipts from the qualifying club, or copies of your bank or credit card statements if you paid by electronic fund transfer. Receipts and/or bank statements must include the subscriber's name and the charges for each membership.
3. A copy of each health club agreement or contract showing the name and address of the health club, the member's name, and the beginning and end dates of the contract.

NHP will accept a letter on fitness facility stationary or a statement from the facility which includes the enrolled members' names, dates enrolled and monthly payment history instead of numbers 2 and 3 above.

Submit your reimbursement request only once per calendar year by March 31st of the following year. Since you are eligible for only one reimbursement payment from NHP per year, please wait until you have receipts for the maximum amount you wish to claim (up to \$150 per person) before submitting your reimbursement request. NHP may require additional information such as a brochure from the health club or facility. NHP will contact you if this additional information is needed.

Remember to keep copies of your original receipts before sending them and the reimbursement form to NHP. We do not return any receipts or contract copies even if we deny your request.

Send to Neighborhood Health Plan, 253 Summer Street, Boston, MA 02210, Attention: Claims

* Qualifying fitness programs are those facilities offering **cardiovascular and strength-training equipment** such as "traditional" health clubs. YMCAs, JCCs, Work Out World, Planet Fitness, Bally's, Fitcorp and Anytime Fitness are examples of qualifying fitness programs.

Non-eligible facilities include country clubs and social clubs, martial arts studios, spas, gymnastic centers, tennis facilities, aerobic only and/or studios (such as Pilates, Yoga, Zumba and Jazzercise), pool only clubs, sports teams or leagues, and personal training or coaching.



NHP Fitness Reimbursement Form

This program is for NHP members in select commercial products. NHP commercial subscribers and/or one family member are eligible for reimbursement once per calendar year. Requests have to be made by March 31 of the following calendar year. Requests received after this date will not be eligible for reimbursement.

Subscriber Information (The subscriber is the primary NHP health insurance policyholder.)

SUBSCRIBER LAST NAME	SUBSCRIBER FIRST NAME	MIDDLE INITIAL	
<input type="text"/>			
SUBSCRIBER STREET ADDRESS	SUBSCRIBER CITY	STATE	ZIP CODE
<input type="text"/>			<input type="text"/>
SUBSCRIBER MEMBER ID# (LOCATED ON THE FRONT OF THE NHP ID CARD)		SUBSCRIBER TELEPHONE NUMBER	
<input type="text"/>			
EMPLOYER'S NAME			
<input type="text"/>			

Health Club Facility Information

NAME/ADDRESS/TYPE OF FACILITY	YEAR*	AMOUNT REQUESTED
<input type="text"/>	<input type="text"/>	<input type="text"/>

*THE 12-MONTH PERIOD BEGINNING JANUARY 1 AND ENDING DECEMBER 31, FOR WHICH REIMBURSEMENT IS BEING REQUESTED.

Certification/Authorization/Reimbursement (The subscriber must sign and date this request below)

Reimbursement is subject to approval by Neighborhood Health Plan. Payments will be made with subscriber's authorization (required signature). Check will be made payable to the subscriber.

Reimbursement requested for: Subscriber (\$150 maximum) Family Member (\$150 maximum)

If a family member is requesting reimbursement, please print full name below.

To the best of my knowledge and belief, my statements in the Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members. I certify these expenses have not previously been reimbursed in this or any other calendar year.

NHP SUBSCRIBER'S SIGNATURE

DATE