

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

Fitness program reimbursement

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

To qualify for reimbursement

You must be the subscriber and or adult family member (age 18+) covered by NHP.

Not all NHP plan types offer a fitness program reimbursement benefit. Call the NHP Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761) if you have any questions about your plan's benefits. Customer Care 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 the website, www.nhp.org, for more information on the Fitness Program Reimbursement Benefit.

Members must have belonged to a qualified health club for at least four months in a calendar year, and have been a member of NHP during that same period of time in order to qualify for reimbursement.



Medicaid and Commercial

nhp.org

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



Get fit and save up to \$300 a year!

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 Care Center at 1-800-462-5449 (TTY 1-800-655-1761) if you have any questions about obtaining your reimbursement for qualifying fitness programs.



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Reimbursement check list

To obtain reimbursement of your qualifying fitness program,* send the following items to NHP:

- A signed and dated Fitness Program Reimbursement Form (see right).
- A dated, original receipt from the qualifying club, or copies of your bank or credit card statements if you pay by electronic fund transfer. Receipts and/or bank statements must include the subscriber's name and the charges for each membership.
- 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. Make sure your membership has been at least four months in a calendar year, and you were a member of NHP during that same period of time.

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. NHP cannot return receipts or copies of contracts to you, even if your program is denied reimbursement.

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 and JCCs are considered 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 or Yoga), pool only clubs, sports teams or leagues, and personal training or coaching.

NHP Fitness Reimbursement Form

NHP commercial subscribers and/or one adult 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	
SUBSCRIBER STREET ADDRESS		SUBSCRIBER CITY		STATE	ZIP CODE
SUBSCRIBER MEMBER ID# (LOCATED ON THE FRONT OF THE NHP ID CARD)			SUBSCRIBER TELEPHONE NUMBER		
EMPLOYER'S NAME					

Health Club Facility Information

NAME/ADDRESS/TYPE OF FACILITY	YEAR*	AMOUNT REQUESTED
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*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