



Harvard Pilgrim
Health Care

a Point32Health company



Wellness Reimbursement – Custom

Get reimbursed for fees you pay toward wellness activities — up to \$300

What qualifies for reimbursement?

- › Membership fees to gyms or fitness facilities
- › Virtual fitness class subscriptions
- › Studios or facilities that offer membership or tuition
- › Select nutrition programs
- › Select mindfulness meditation programs
- › Cardiovascular and strength training equipment
- › Seasonal town, club or school athletic fees

Studios and facilities that qualify for reimbursement include:

- Dance
- Gymnastics
- Swimming
- Martial arts
- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Qualified nutrition programs include:

- PlateJoy
- MyPlate Calorie Counter
- Wondr
- Noom
- Eat Right Now
- Weight Watchers
- Savory Living
- My Fitness Pal
- Lose It!
- EatLove
- Stronger U
- The Dinner Daily

Qualified mindfulness programs include:

- Calm
- Ten Percent Happier
- Headspace
- The Mindfulness App
- Meditation Studio
- Insight Timer



Any combination of two covered members on a family plan (subscriber, spouse or dependent) can be reimbursed for up to \$300 total. For plans with one covered member, the maximum reimbursement amount is \$300 per calendar year.*

How do I get reimbursed?

It's simple. Pay up to four months of your membership, subscription fees, or after purchase of qualified cardiovascular or strength training equipment.

After four months of Harvard Pilgrim membership, you can complete the Reimbursement Form online or by mail.

Go to harvardpilgrim.org/reimbursement

Either click on the link to submit your request online or complete the paper form and mail to the address on the form, along with a copy of your receipts.

What does not qualify for reimbursement?

- Health club initiation fees
- Fees for country clubs, social clubs and spas
- Nutrition and mindfulness programs not selected by Harvard Pilgrim
- Road race fees, sneakers, athletic wear and non-cardiovascular and non-strength training equipment
- Fitness apparel and footwear

When can I submit my request?

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months.
- After four months of membership or subscription
- Once per calendar year, submitted by March 31 of the following year

How long will it take to be reimbursed?

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

For complete guidelines, go to harvardpilgrim.org/reimbursement or call member services at (888) 333-4742

* Available on plans sold to fully-insured large employer groups, and ASO plans that elect this option.

Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor. Effective January 1, 2024.

Wellness Reimbursement – Custom 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:

- Copy of your membership agreement (if applicable)
- Completed Wellness Reimbursement Form
- Receipts showing that you paid for at least four months in a calendar year for activity fees, membership, subscription fees or receipts showing you paid for qualified fitness equipment (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.



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, any combination of two covered members on a family plan (subscriber, spouse or dependent) can be reimbursed for up to \$300 total. For plans with one covered member, the maximum reimbursement amount is \$300.
- Some members may be eligible 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.

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

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.

Section A - Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B - Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C - Wellness Program Information (List all wellness and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying four months. Please note only select nutrition and mindfulness programs qualify for reimbursement.)

ATTACH DOCUMENTATION	Calendar Year	Facility or Program Name	City, State address and/or email address	Phone Number (area code) xxx-xxxx	\$ Amount being claimed
	from: mm/dd/yyyy				
	to: mm/dd/yyyy				
	to: mm/dd/yyyy				
	from: ___/___/___				
	to: ___/___/___				
	from: ___/___/___				
	to: ___/___/___				

Section D - Fitness Equipment

ATTACH RECEIPT	Purchase Date	Brand/model	Cardiovascular equipment	Strength training equipment	\$ Amount being claimed

Total number of documents: _____ **Total dollar amount being claimed :** \$ _____

Section E - Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I will attempt, in good faith, to regularly use my fitness services for which I am being reimbursed.

Subscriber's Signature _____ Date (mm/dd/yyyy) _____