

Fitness Benefit Coverage

Form & Instructions

What is my fitness benefit?

Each calendar year, NHP will cover one month of gym or health club membership fees—a minimum of \$150 dollars—for a covered subscriber or one covered dependent. If your qualifying gym or health club costs less than \$150 per month, NHP will still pay \$150.

Get details about your fitness benefit and check your eligibility in your plan's Schedule of Benefits. You can access your Schedule of Benefits at any time on our member portal, **MyNHP**. Visit **mynhp.org** to register or log in.

How do I request coverage for my fitness benefit?

Requesting coverage for your annual fitness benefit is easy. Here's what you need to do.

Step 1 Complete the NHP Fitness Benefit Coverage Request Form.

You can also request your benefit 24/7 on mynhp.org, our secure member portal.

Step 2 Make copies of dated receipts from your qualifying gym or health club

If you do not have receipts, NHP will accept copies of the following as long as they include the subscriber's name: bank or credit card statements with the charges for only one membership or a contract/letter from your qualifying gym or health club.

Step 3 Submit your request form and receipts by March 31 of the following year to:

Neighborhood Health Plan
Attention: Claims/Fitness
399 Revolution Drive, Suite 940
Somerville, MA 02145

You can also fax your request form and receipts to:
617-526-1902

If you have questions about your fitness benefit, please call the Customer Service number on the back of your NHP member ID card.

Please note:

- This is for NHP members enrolled in a plan with a fitness benefit. You must be enrolled in both NHP and a qualified gym/health club for at least 4 months to be eligible for your fitness benefit.
- Qualifying health clubs and studios are those offering cardiovascular, strength-training equipment, aerobic, Pilates, Yoga, Zumba, or Jazzercise fitness programs.
- Non-eligible facilities include country clubs and social clubs (unless the cardio component of your membership fee can be shown separately as a portion of the total membership fee), martial arts studios, spas, gymnastic centers, tennis facilities, pool-only clubs, sports teams or leagues, and personal training or coaching.
- Visit **nhp.org** for a list of non-eligible facilities and a more comprehensive list of qualifying health clubs. NHP reserves the right to validate the facility is a qualifying gym.

Please allow 45 days for processing



NHP Fitness Benefit Coverage Request Form

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

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS	CITY	STATE ZIP
TELEPHONE NUMBER	MEMBER ID# (located on the front of the NHP ID card)	

Health Club Facility Information

NAME OF FACILITY		
ADDRESS OF FACILITY	CITY	STATE ZIP

Payment Information

What kind of gym/health club membership do you have? Family ____ Individual ____

Please note: Only you or one covered dependent is eligible for NHP's fitness benefit. If you have a family gym membership, NHP will divide the monthly fee by 2 to get the individual benefit amount.

Months of membership (in a single calendar year).

____ January ____ February ____ March ____ April ____ May ____ June ____ July ____ August ____ September ____ October ____ November ____ December

If you pay your gym/health club membership monthly

Monthly gym or health club fee _____

If you pay your gym/health club membership annually

Annual gym or health club fee _____

Please note: If you pay annually, NHP will divide your annual fee by 12 to determine your monthly membership fee.

Certification/Authorization

The subscriber must sign and date below. The weight loss program benefit is subject to approval by NHP.

Please note: check will be made payable to the subscriber.

Reimbursement requested for: _____ SUBSCRIBER _____ COVERED DEPENDENT

Please print the full name of the covered dependent who is requesting the fitness benefit (if other than the subscriber).

To the best of my knowledge and belief, my statements in the NHP Fitness Benefit Coverage Request Form are complete and true. I am claiming only 1 month of membership fees at a qualified gym or health club incurred during the applicable calendar year.

NHP SUBSCRIBER'S SIGNATURE DATE

Please send your completed request form and receipts to:
Neighborhood Health Plan
Attention: Claims/Fitness
399 Revolution Drive, Suite 940
Somerville, MA 02145

You can also fax your request form and receipts to 617-526-1902.