

Weight Management Program

Get reimbursed for fees you pay toward qualified weight management programs - up to \$150¹

Frequently Asked Questions

How do I qualify for a weight management reimbursement?

- Your employer must offer Harvard Pilgrim's weight management reimbursement benefit².
- You must be active with coverage that includes the weight management program benefit.

When can I submit my Reimbursement Form?

- Starting with January 1 of the current calendar year and when you have met the above stated criteria.
- Submission must be received by March 31 of the following year.
- Subscribers may submit for weight management reimbursement for themselves and/or dependents only once per calendar year.

What qualifies for reimbursement?

- Weight Watchers® digital, traditional or At-Work programs
- Hospital-based weight loss programs
- Not eligible for reimbursement:
 - Fees for individual counseling sessions
 - Food, books, videos, scales or other items not included as part of the fee for the course or class

What happens after I submit the Reimbursement Form?

- 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.

Questions? Contact MyConnect at **866-623-0184**

Getting reimbursed is easy

Log in to your secure member account to submit a **reimbursement request** online, or submit the form on page 2 by mail. Include paid receipts verifying enrollment in a qualifying weight management program (receipts must show name of the member, name of the program, amount paid per session(s), and date(s) paid).

Mail to:

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

¹ Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.

² Ask your employer or review your plan documents in your member account to see if your coverage includes this benefit.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Harvard Pilgrim Weight Management 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 enroll in a Harvard Pilgrim plan that includes the Weight Management Program Reimbursement benefit
- After you are a member of an approved weight management program
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts
- Once all sections on the form have been completed 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)

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

Section C – Weight Management Program Information *(List all programs that you are submitting for on behalf of you and/or your dependents, including the qualifying months.)*

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Type of Program	City, State	Phone Number (area code) xxx-xxxx	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

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

Section D – Member Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I will attempt, in good faith, to regularly attend my weight management program and utilize membership for which I am being reimbursed.

Subscriber's Signature

Date (mm/dd/yyyy)