Weight Loss Program Benefit
Form & Instructions

What is my weight loss program benefit?
Qualifying members or one covered dependent can be reimbursed for up to six months of membership fees at Weight Watchers or Jenny Craig. Get details about your weight loss program benefit and check your eligibility in your plan’s Schedule of Benefits. Access your Schedule of Benefits at any time on our member portal, mynhp.org.

How do I get reimbursement for the full 6 months?
To get the full value from this benefit, wait until you have been a member of both NHP and the weight loss program for a full 6 months before submitting your reimbursement request. You can only request the benefit once per calendar year. If you qualify for less than six months of reimbursement, you will only be reimbursed for the months that that you do qualify.

Example: Mia became a member of NHP and Weight Watchers in January. If she waits until July to submit a reimbursement, she will qualify for six months (January – June). If Mia submits a request in April, she will only qualify for three months of reimbursement (January – March), and Mia cannot submit additional requests later in the year.

How do I request reimbursement for my weight loss benefit?
There are two ways to submit your request form.

SUBMIT ON OUR MEMBER PORTAL
The most convenient way to request your reimbursement is on mynhp.org:
- Complete your form online
- Get confirmation of your submission right away
- Track the progress of your request
Please allow 30 days for processing

SUBMIT BY MAIL
Fill out the form on the back of this flyer, and mail it to:
Neighborhood Health Plan
Attention: Claims/Weight Loss
399 Revolution Drive
Suite 940
Somerville MA 02145
You will not get confirmation of your request. Please allow 60 days for processing.
You can also fax your request form to 617-526-1902.

Please note:
- The weight loss program benefit does not cover food, nutritional supplements, or enrollment/registration fees.
- The deadline to request your weight-loss benefit for each calendar year is March 31 of the following year. You can only submit one request per calendar year.
- NHP reserves the right to randomly audit requests for eligibility. If you are chosen for audit, we will contact you and request additional documentation. The audit will take an additional 14 days to process upon receipt of complete documentation.
Weight Loss Program Benefit
Coverage Request Form

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

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<th>LAST NAME</th>
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<th>TELEPHONE NUMBER</th>
<th>MEMBER ID# (located on the front of the NHP ID card)</th>
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Weight Loss Program Information (Please check one.)

___ JENNY CRAIG  ___ WEIGHT WATCHERS

Payment Information

Calendar year reimbursement being requested: ____________

Check off months of membership in a qualified weight loss program

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

Weight loss program fee per month ___________

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 weight loss program benefit (if other than the subscriber).

_________________________________________________________________________

To the best of my knowledge and belief, my statements on the NHP Weight Loss Benefit Coverage Request Form are complete and true. I am claiming reimbursement for the coverage allowed as indicated in my schedule of benefits.

_________________________________________________________________________

NHP SUBSCRIBER'S SIGNATURE   DATE

Neighborhood Health Plan™