



Get Reimbursed for a Childbirth Education Class

Congratulations! Having a baby is an exciting time in your life, but it can also be overwhelming. Taking a class or course is a great way to build your confidence and prepare for childbirth and early parenthood. If you're enrolled in a BILH medical plan, **you can get reimbursed up to \$150 for completing a childbirth education class or course.**

Your Questions Answered

What's considered a qualifying class or course?

Qualifying classes are offered through your local hospital, birthing center, physician's office or childbirth education organization. They may consist of a one-day course or a series of weekly sessions. Led by a trained childbirth educator, classes typically address labor and birth, pain relief and coping management, birthing options, postpartum care, and the basics of caring for your newborn baby. This includes the virtual class option available through Tinyhood. Visit www.tinyhood.com/partner/harvardpilgrim for details.

What do I need to prove that I took the class?

Be sure to get a paid receipt verifying class enrollment. The receipt must show your name, the name and location of the class, the amount paid, and the date of payment.

What if the class costs less or more than \$150?

Harvard Pilgrim will reimburse up to \$150,¹ but not more than the cost of the class or course. For example, if the class fee is \$225, we will only reimburse \$150. If the class costs \$120, we will reimburse \$120.

I took my class a year ago. Can I still get reimbursed?

You have until March 31 of the next calendar year to submit your form and receipt. For example, if you took your class in 2025, you must submit your request by March 31, 2026.

I took a childbirth class during my last pregnancy. If I take another class in preparation for the birth of my next child, can I be reimbursed?

Yes. You're eligible to be reimbursed for one childbirth class or course per pregnancy, per calendar year.

Take the class or course, get a receipt and send it in — it's that simple.

- 1 Select the qualifying childbirth class or course that meets your needs.
- 2 Fill out the form on the next page. Remember, only the subscriber can request the reimbursement. If the dependent is enrolled in the class, the subscriber must complete and submit the form.
- 3 Mail your form and receipt to:

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



**Questions?
Call your Harvard
Pilgrim Member
Advocate team at
866-623-0194.**

¹ Maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract). Some employers may offer a different reimbursement amount. Must be currently enrolled in Harvard Pilgrim at time of reimbursement. For tax information, consult your employer or tax advisor. Childbirth reimbursement details vary for small or individual group. Reimbursable classes must be taken on or after January 1, 2025.



Childbirth Class 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 have enrolled in and paid for a childbirth education class.
- Once per pregnancy with all necessary receipts and documentation.
- 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)

Section C - Childbirth Class Information (List all programs that you are submitting for on behalf of you and/or your dependents, including dates.)

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

Total number of documents _____ Total dollar amount being claimed (up to \$150 per calendar year) \$ _____

Section D - Subscriber Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I and/or my covered dependent(s) attended the childbirth class for which I am being reimbursed.

Subscriber's Signature _____ Date _____