



Reimbursement for Child Preparation

Name: _____ MVP #: _____

Address: _____

Telephone #: (Home) _____ (Work) _____

Date Baby is Due: ____ / ____ / ____ or Date Baby was Born: ____ / ____ / ____

Total Amount Requested for Reimbursement: _____

Are these classes or products paid for by any other health insurance? Yes ____ No ____

If "Yes", please explain: _____

CLASS/PRODUCT	DATE OF CLASS/ PURCHASE	COST	MAXIMUM REIMBURSEMENT
Lamaze			\$40
Refresher Lamaze			\$40
Infant Care Class			\$25
Breastfeeding Class ¹			\$25 (covered in full when your employer group renews coverage with MVP on or after August 1, 2012)
Lactation Counseling ¹			\$25 (covered in full when your employer group renews coverage with MVP on or after August 1, 2012)
Breast Pump ¹			Covered in full (covered when your employer group renews coverage with MVP on or after August 1, 2012.)
Breast Pump Supplies ¹			Covered in full for the first year (covered when your employer group renews coverage with MVP on or after August 1, 2012).

1. Grandfathered Healthy NY, New York CompCare, Vermont Non-Group Indemnity and other members whose employer group chose not to adopt coverage changes that are part of the Affordable Care Act (ACA), your coverage was not affected by the August 2012 benefit changes related to the services on this form. You are eligible for a \$25 reimbursement for breastfeeding classes and \$25 for lactation counseling. Breast pumps and breast pump supplies are not eligible for reimbursement.
2. Please submit the certificate of class completion and/or receipt along with this form and, if applicable, a description of the class to: MVP Health Care, Claims Department - Reimbursement for Child Preparation, P.O. Box 2207, Schenectady, NY 12301-2207.
3. Reminder: If you wish to add your new baby to your MVP policy, arrangements must be made through your employer within 30 days of the child's birth.