

## **HEALTH FOCUS PLAN:**

### **ALLERGIES PLAN A 50%**

**\$229.00 / month for 12 months**

#### **Plan Conditions**

There is a 15-day grace period to use your membership and reimbursement benefits. This allows time for processing. Please read through your Membership Agreement Terms

- Only the benefits outlined within your chosen plan will be considered for your membership reimbursement benefit
- Practitioners who provided the service must be credentialed within the state where services were rendered
- To claim your reimbursement benefit, please complete our benefit reimbursement form with a valid receipt (within 30 days from the date-of-service) from your practitioner's office (download our benefit reimbursement form which may be found on our website under "Forms" tab).
- For quality and safety purposes verification on all claims will be performed
- Benefit reimbursement requests will be processed upon receipt of within 30 days (terms of our member agreement policy)
- To submit your benefit request, either Fax, email or mail your completed reimbursement form and valid receipt to CamCare.

Address: CamCare  
Benefits Reimbursement Dept.  
P.O. Box 51905  
Boston, MA 02205  
Fax: 617-356-8262  
Email: [reimbursements@camcare.org](mailto:reimbursements@camcare.org)

Service Modality	Visits/Year	Visit Parameters
<b>Holistic Medicine Consultation</b>	<b>6</b>	<b>1 visit every other month:</b> <i>Lifestyle Medicine (L-MD), Functional Medicine (F-MD), Osteopathic Medicine (DO), Naturopathic Medicine (ND), Doctor of Oriental Medicine (DOM)</i>
<b>Health Coach</b>	<b>12</b>	<b>1 visit every month</b>
<b>Nutritionist</b>	<b>6</b>	<b>1 visit every 2 months</b>
<b>Acupuncture</b>	<b>48</b>	<b>Up to 4 visits every month</b>
<b>Homeopathic</b>	<b>4</b>	<b>Up to 1 visit every 3 months</b>

Monthly **ALLERGIES PLAN A 50%**

**\$229.00/Month**

Annual **ALLERGIES PLAN A 50%**

**\$2,748.00/Year**