

HEALTH FOCUS PLAN:

**INSOMNIA
PLAN B
50%**

\$239.00 / 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

Service Modality	Visits/Year	Visit Parameters
Fitness Trainer	24	Up to 2 visits every month
MBSR / MBCT	X	Mindful Based Cognitive Therapy or Mindful Based Stress Reduction: \$250 yearly spending allowance for credentialed program
Acupuncture	48	Up to 4 visits every month
Massage	24	Up to 2 visits every month
BodyWorks	X	Bodyworks: \$100 yearly spending allowance choice of: Yoga, Tai-Chi, Qi-Gong, Movement Therapy, Boot Camp

Monthly **INSOMNIA PLAN B 50%**

\$239.00/Month

Annual **INSOMNIA PLAN B 50%**

\$2,868.00/Year