

## **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](mailto: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: <b>\$250 yearly</b> spending allowance for credentialed program
Acupuncture	48	Up to 4 visits every month
Massage	24	Up to 2 visits every month
BodyWorks	X	Bodyworks: <b>\$100 yearly</b> 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**