

HEALTH FOCUS PLAN:

GASTRO-INTESTIONAL DISORDERS

PLAN B

50%

\$179.00 / 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
Homeopathic	4	1 visit every 3 months
Reflexology	24	Up to 2 visits every month
Acupuncture	24	Up to 2 visits every month
Health Coach	12	1 visit per month
BodyWorks	X	Bodyworks: \$100 yearly spending allowance choice of: Yoga, Tai-Chi, Qi-Gong, Movement Therapy, Boot Camp

Monthly	GASTRO-INTESTIONAL DISORDERS PLAN B	50%	\$179.00/Month
Annual	GASTRO-INTESTIONAL DISORDERS PLAN B	50%	\$2,148.00/Year