

## **HEALTH FOCUS PLAN:**

### **INFERTILITY PLAN B 50%**

**\$219.00 / 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>12</b>   | <b>1 visit every month:</b><br><i>Lifestyle Medicine (L-MD), Functional Medicine (F-MD), Osteopathic Medicine (DO), Naturopathic Medicine (ND), Doctor of Oriental Medicine (DOM)</i> |
| <b>Acupuncture</b>                    | <b>36</b>   | <b>Up to 3 visits every month</b>   |
| <b>Massage</b>                        | <b>12</b>   | <b>1 visit every month</b>  |
| <b>Nutritionist</b>                   | <b>6</b>    | <b>1 visit every other month</b>  |
| <b>BodyWorks</b>                      | <b>X</b>    | <b>Bodyworks: \$100 yearly</b> spending allowance choice of: Yoga, Tai-Chi, Qi-Gong, Movement Therapy, Boot Camp  |

Monthly **INFERTILITY PLAN B 50%**

**\$219.00/Month**

Annual **INFERTILITY PLAN B 50%**

**\$2,628.00/Year**