

HEALTH EXCHANGE PLUS PLANS FITNESS REIMBURSEMENT

Healthier members are happier members.

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, CHRISTUS Health Exchange Plus Plans provide reimbursement toward a fitness program.

Note: This reimbursement is applicable to CHRISTUS Health Exchange Plus Plans members only. Please refer to your Evidence of Coverage, Summary of Benefits or other governing member document that applies to your plan for benefit availability.

If your ID Card contains this image, you are eligible for this benefit:



STAYING ACTIVE.

This benefit provides access to a qualified fitness program. **CHRISTUS Health fitness centers are covered in FULL.** If you choose another facility, you will receive a \$20 monthly allowance for a fitness benefit, reimbursed quarterly.

You can claim your benefit by completing the reimbursement section of this form or by downloading a copy on our website at ChristusHealthPlan.org.

IT'S EASY. FIRST, SELECT A PROGRAM.

To receive reimbursement, you must participate in a program that promotes cardiovascular wellness. For a program to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:

- Elliptical cross-trainer
- Group exercise
- Pool

- Rowing machine
- Squash | tennis | racquetball courts
- Stationary bicycle
- Step machine | climber
- Treadmill
- Walking | running group

Whether getting back into the groove or looking to take your fitness to the next level, CHRISTUS Health fitness centers are equipped to help you reach your goals with 24 | 7 access* and state-of-the-art amenities.

- **FREE new member assessment***
- Personal training | Group fitness | Swimming classes
- Leading-edge strength and cardio equipment
- Indoor pools*
- Spacious locker rooms

**Not available in all locations.*

CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole owner of CHRISTUS Health Plan Louisiana which operates under the registered trade name of CHRISTUS Health Plan.

Disclaimer: Injuries of all types can occur when participating in exercise, physical fitness and training programs. CHRISTUS Health Plan strongly encourages all members to obtain a comprehensive physical exam by your primary care provider PRIOR to undertaking any exercise or training to ensure you are healthy enough to participate. You fully assume the risk of resulting injury. Injuries include but are not limited to bruising, cuts and general soreness; muscle and tendon injuries; ligament and skeletal injuries; fractured or broken bones; concussions; heart attack.

THERE ARE CONVENIENT CHRISTUS HEALTH CONTRACTED FITNESS CENTERS IN LOUISIANA

Louisiana Athletic Club - Alexandria

1804 MacArthur Drive, Suite B-304
Alexandria, LA 71301

Louisiana Athletic Club - Pineville

1135 Expressway Drive
Pineville, LA 71360

YOU SHOULD FOLLOW THE STEPS BELOW TO RECEIVE REIMBURSEMENT FOR YOUR FITNESS PARTICIPATION:

1. ENROLL IN A PROGRAM.

2. COLLECT PAPERWORK. You need to collect two things: a copy of your current bill, showing the monthly cost or your membership; and proof of payment for each of the three months you are submitting for reimbursement (i.e., credit card statement, automatic bank withdrawal, etc.).

3. COMPLETE FORM. Fill out and submit a Fitness Reimbursement Form. You can get extra forms from our website, ChristusHealthPlan.org, or by calling Member Services at **844.282.3025, TTY 711**.

4. MAIL EVERYTHING. The Fitness Reimbursement Form, along with a copy of your current gym bill and proof of payment, should be submitted within 120 days to the following address:

CHRISTUS Health Plan
Attn: Claims and Member Reimbursement
919 Hidden Ridge Drive
Irving | TX 75038

Important: Please complete the form on next page in its entirety, or the processing of your claim may be delayed or denied. Please complete one form per member for each three-month period for which you are making a claim.

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HEALTH EXCHANGE PLUS PLANS FITNESS REIMBURSEMENT FORM

Member Name _____

Member ID# _____

Member Address _____

State _____ ZIP _____

Quarter Requested _____

Start Date _____

End Date _____

Name of Facility _____

Member Signature _____

Date _____

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