Crystal Run Health Plans

Wellness Program

At Crystal Run Health Plans, we encourage an active lifestyle. We want you healthy! Take advantage of our Wellness benefit by joining a gym today. You may be eligible for reimbursement through the Crystal Run Health Plans Wellness Program. We know that staying with an exercise routine can be a challenge. We hope this provides an incentive for a healthier you.

Our wellness benefit reimburses the member up to $200 every six months, and the member's covered spouse and dependents up to $100 every six months.

- > You must be an active member of the exercise facility (at least 50 visits in 6 months).
- > All 50 visits must occur while enrolled with Crystal Run Health Plans.
- > The exercise facility must promote cardiovascular wellness. Memberships in tennis clubs, country clubs, weight loss clinics, spas, or any other similar facilities will not be reimbursed.

In order to obtain reimbursement, at the end of the six-month period, simply provide:

- > A completed reimbursement form.
- > A copy of your current exercise facility bill, which shows the fee paid for your membership.
- > Proof of visits.

Once we receive the completed reimbursement form and the supporting documentation, you will be reimbursed the lesser of $200 for the member and $100 for the member's covered spouse and covered dependents, or the actual cost of the membership per six-month period.

Proof of Visits

Please provide one of the following items as proof of visits.

1. Computer printout from the gym indicating your visits.
2. Payment receipts that show the dates of visits to the gym.
3. Completed Gym Reimbursement Visits log. If this option is selected, please include a signature from a gym representative for verification purposes.

Payment Verification

Please provide one of the following items as proof of payment.

1. Most recent facility bill.
2. Payment receipts that indicate monthly cost of membership.
3. Verification from your employer that indicates your use of the employer's gym.

Submitting Your Claim

To receive reimbursement, please fax, mail, or email the form below and include the supporting documentation.
Mail: Crystal Run Health Plans, 109 Rykowski Lane, Middletown, NY 10941
Fax: (844)-873-8211
Email: memberservices@CrystalRunHP.com

Gym Reimbursement Form

Member Name: _____

Member's Phone Number: _____

Member Health Plan ID number: _____

Six month period: _____ through _____
mm/dd/yyyy mm/dd/yyyy

Dates of Your 50 Gym Visits

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____
41. _____
42. _____
43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____

Name of Facility: _____

Facility Representative Signature: _____

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Member Signature: _____ Date: _____

A plan for better health®...
Crystal Run® Health Plans
CrystalRunHP.com