



Capital Health

P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

MEMBER HANDBOOK ENDORSEMENT

FITNESS CENTER REIMBURSEMENT PROGRAM

This endorsement is to be attached to and made a part of your Capital Health Plan Member Handbook/Certificate of Coverage and any endorsements attached thereto.

Effective January 1, 2008, Capital Health Plan subscribers (the holders of the contract) will be eligible to be reimbursed for certain payments that they make during the calendar year towards health and fitness center membership for themselves and any covered dependents. The maximum fitness reimbursement per subscriber (inclusive of any and all covered dependents) is \$150.00 each calendar year.

The subscriber or covered dependent for whom reimbursement is sought must be a member of Capital Health Plan (CHP) and a member of the health and fitness center for at least four consecutive months in the calendar year for which reimbursement is sought. The subscriber also must be a current member of CHP at the time CHP receives the request for reimbursement. All reimbursements will be made to the subscriber.

To obtain reimbursement, the subscriber must send the following items to Capital Health Plan, Post Office Box 15349, Tallahassee, FL 32317-5349:

- A signed and dated Health/Fitness Center Reimbursement Form.
- All applicable receipts, credit card records, cancelled checks, and pay stubs that show payment to the health or fitness center.
- A copy of the health center agreement or contract, showing the name and address of the health center and the name of contractee, including beginning and ending dates of membership or class.

The Health/Fitness Center Reimbursement Form is available from Member Services (850-383-3311 or TTY 850-383-3534) and on the Capital Health Plan website, www.capitalhealth.com.

Fitness reimbursement requests may be filed only once each calendar year and no later than March 31st of the year following the year for which reimbursement is requested. To be reimbursed for two or more qualifying expenses, each expense must be included on the same form.

Fitness centers eligible for the fitness center reimbursement are facilities for exercising and improving physical fitness that include cardiovascular and strength training equipment.

The following **do not qualify** for fitness reimbursement:

- Country or social clubs
- Spas
- Gymnastics centers
- Martial arts studios
- Tennis facilities
- Sports teams or leagues
- Personal trainers
- Uniforms/clothing
- Exercise/fitness equipment
- Weight loss programs

Any provisions of the Member Handbook/Certificate of Coverage that exclude fitness reimbursement are superseded by this endorsement.

All other provisions of the Member Handbook/Certificate of Coverage shall remain unchanged.

This endorsement shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Member Handbook/Certificate of Coverage, other than as stated specifically in this endorsement. In the event of any inconsistencies between the provisions contained in this endorsement and the provisions contained in your Member Handbook/Certificate of Coverage, the provisions contained in this endorsement shall control to the extent necessary to effectuate the intent of Capital Health Plan, Inc. as expressed herein.

CAPITAL HEALTH PLAN, INC.



**John Hogan
President & Chief Executive Officer**

www.capitalhealth.com

P.O. Box 15349 • Tallahassee, Florida 32317-5349 • 850-383-3311