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 Plan Generations and Generations Plus provide reimbursement toward a fitness program.

Note: This reimbursement is applicable to CHRISTUS Health Plan Generations and Generations Plus 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.

Staying active.

This benefit provides access to a qualified fitness program. **Genoveva Chavez Community Center is 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.

**NEW in 2020 – Genoveva Chavez Community Center is now covered in FULL!**

Genoveva Chavez Community Center
3221 Rodeo Rd. | Santa Fe | 87507

Whether getting back into the groove or looking to take your fitness to the next level, Genoveva Chavez Community Center is equipped to help you reach your goals with something for everyone under one roof.

- 50-meter swimming pool
- Fully-equipped fitness area
- Indoor track
- Racquetball courts
- And more!

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

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.

CHRISTUS Health Plan Generations and Generations Plus HMO products are underwritten by CHRISTUS Health Plan. CHRISTUS Health Plan insurance products are underwritten by CHRISTUS Health Plan.

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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 **844.282.3026**.

4. **Mail everything.** The Fitness Reimbursement Form, along with a copy of your current gym bill and proof of payment, should be submitted within three months (90 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 below 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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**Fitness Reimbursement Form**

Member Name: ____________________________________________

Member ID#: ____________________________________________

Member Address: ____________________________________________

Quarter Requested: ____________________________________________

Start Date: ____________________________________________

End Date: ____________________________________________

Name of Facility: ____________________________________________

Member Signature: ____________________________________________

Date: ____________________________________________

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