

# Crozer-Keystone Health System

## Healthplex® Sports Club Reimbursement Overview

To encourage Crozer-Keystone employees and spouses to enhance your health by exercising regularly at the Healthplex® Sports Club in Springfield, a fitness reimbursement is included in all Crozer-Keystone medical plans.

Eligible employees and spouses may receive a \$400 annual reimbursement of your Healthplex® Sports Club membership fee, payable quarterly. You must continue to be enrolled in a CKHS medical plan for the full three months that you request reimbursement. Quarterly payments cannot be pro-rated.

### How the reimbursement process works

- Enroll in a CKHS medical plan, become a Healthplex® Sports Club member, pay your dues, and meet the criteria below.
- Check in at the Healthplex® Sports Club each time you participate in an exercise program. Your fitness reimbursement benefit begins on your first workout date. Each eligible individual is required to:
  - complete and record at least 24 workouts within three continuous months;
  - workout at least 45 minutes each time;
  - record a maximum of seven workouts per week.
- Request that a Healthplex® Sports Club representative provide an electronic summary of your workout activity when you complete 24 workouts within a three-month period. Request that the printout reflect only the three months for which you are requesting your reimbursement. Please print the following information on the document if it does not already appear:
  - Your name, date of birth, and employee number;
  - The name of the Crozer-Keystone employee and their employee number (if you are a spouse requesting reimbursement).
- Sign your workout summary printout and request that a Healthplex® Sports Club manager do the same.
- Submit the original printout along with the **Crozer-Keystone Health System Fitness Reimbursement Form (Page 2)** to (please keep a copy for your personal records):

Fax: 610.447.6776      or      Email: [CKHSEmployeeBenefits@crozer.org](mailto:CKHSEmployeeBenefits@crozer.org)

Once your claim has been verified by Employee Benefit Services, a reimbursement check will be mailed to your home within 60 business days.

If you continue to meet the criteria, you and your spouse are eligible for additional Healthplex® Sports Club reimbursements every three months.

# Crozer-Keystone Health System Healthplex® Sports Club Reimbursement Form

Eligible employees and spouses enrolled in a Crozer-Keystone medical plan may receive a \$100 reimbursement when you complete 24 workouts in a continuous three-month period. The maximum annual reimbursement is \$400 (\$100 per quarter).

Fitness reimbursement annual eligibility begins with the date of your first fitness session; this benefit is not based on the calendar year. You must continue to be enrolled in an eligible medical plan for the full 3-months that you request reimbursement. Please see the reimbursement overview for complete details.

To learn more about joining the Healthplex® Sports Club, please call Membership Services at 610-328-8888 (16\*8888) or email [Healthplex.Membership@crozer.org](mailto:Healthplex.Membership@crozer.org). Crozer-Keystone employees and spouses are eligible for employee pricing.

Do you qualify for reimbursement? To find out, please call 610.447.6300 (15\*6300).

If you do not receive your reimbursement within 60 business days of your quarterly completion, please contact Employee Benefit Services at [CKHSEmployeeBenefits@crozer.org](mailto:CKHSEmployeeBenefits@crozer.org) for a status.

## Request your reimbursement

When you are ready to request reimbursement, have the Healthplex® Sports Club's management verify and sign your workout summary printout then attach to this form.

Complete a separate form for each plan member requesting reimbursement. Please print legibly.

Entity: CCMC  CKHN  CKHS  COMMUNITY  DCMH  HOME HEALTH  SPRGFD  TAYLOR

Employee Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ (Participating Spouses Only)

Employee Number: \_\_\_\_\_

Address: \_\_\_\_\_  New Address?

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Submit Page 2 only of this form with your workout summary printout:

Fax: 610.447.6776 or Email: [CKHSEmployeeBenefits@crozer.org](mailto:CKHSEmployeeBenefits@crozer.org)

*If you are age 40 or above, have a history of high blood pressure or heart disease, or have any doubt regarding your ability to exercise safely, Crozer-Keystone Health System recommends that you obtain your physician's approval before beginning your exercise program.*